

The purpose of this form is to enable Boston Scientific (BSC) to notify the user of any new device information or recommended action. Patients should notify BSC of any changes to name or address. Please submit all applicable information in the below form to BSC Medical Records, as available and permitted by law. U.S. regulations (21 CFR Part 821) require BSC to track the distribution and implant of BSC devices. **Form Instructions:** Complete online or print form and affix with product label(s). Use the tab key to quickly move from field to field and hover cursor over any field for additional guidance. Submit form by email to [Medical.Records@bsci.com](mailto:Medical.Records@bsci.com) or fax to (651) 582-3126.

## Patient Information

Last Name	First Name	Middle Name	Suffix	Gender	Male	Female
Street	City	State/Province	ZIP/Postal Code	Country		
Phone	Social Security #	Date of Birth	Weight	Medical Record #		

## Indications for Therapy

Primary	Other
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## Physician and Hospital Information

<b>Implanter</b>	Last Name	First Name	Middle Name	Suffix	Specialty	Phone
Street	City	State/Province	ZIP/Postal Code	Country		
<b>Follower</b>	Last Name	First Name	Middle Name	Suffix	Specialty	Phone
Street	City	State/Province	ZIP/Postal Code	Country		
<b>Referrer</b>	Last Name	First Name	Middle Name	Suffix	Specialty	Phone
Street	City	State/Province	ZIP/Postal Code	Country		
<b>Implanting Facility</b>	Name	City	State/Province	ZIP/Postal Code	Country	Phone

## Implanted Device Information

Implant Date	Manufacturer	Model	Serial	Implant Location	Side of Body			
<b>Programmed Parameters</b>	Pacing Mode	LRL	ppm	URL	AV Delay	ms	PVARP	ms
	V Refractory	ms	AV Search	VRR	Atrial Tachy Response		Sudden Brady Response	

## Lead/Adapter Information (Chronic or New)

Implant Date	Manufacturer	Model	Serial	Polarity	Position
Implant Date	Manufacturer	Model	Serial	Polarity	Position
Implant Date	Manufacturer	Model	Serial	Polarity	Position
Implant Date	Manufacturer	Model	Serial	Polarity	Position
Implant Date	Manufacturer	Model	Serial	Polarity	Position
Implant Date	Manufacturer	Model	Serial	Polarity	Position

## Measured Data

Lead	Sensing	Amplitude	Pacing	Impedance	Shocking	Impedance	Pulse Width	Threshold	Current	DFT	A Fib
	mV	Paced	ohms	ohms	ohms	ms	V	mA	J		
	mV	Paced	ohms	ohms	ohms	ms	V	mA	J		
	mV	Paced	ohms	ohms	ohms	ms	V	mA	J		
	mV	Paced	ohms	ohms	ohms	ms	V	mA	J		
	mV	Paced	ohms	ohms	ohms	ms	V	mA	J		

<b>Concomitant Pacemaker?</b>	Yes	No	Manufacturer	Model	Serial	Polarity	Mode
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If complications occurred during implant, contact Boston Scientific.

## Explanted, Attempted, or Wasted Information

Were any devices explanted, attempted, or wasted during implant?				Yes	No	If yes, complete the following information:						
Type	Manufacturer	Model	Serial	Implant Date	Explant Date							
Reason						Status						
Type	Manufacturer	Model	Serial	Implant Date	Explant Date							
Reason						Status						
Type	Manufacturer	Model	Serial	Implant Date	Explant Date							
Reason						Status						

## Defibrillation Testing

Test	Charge Time	sec	Energy	J	Impedance	Ω	RV Vector	Result
Test 1	Charge Time	sec	Energy	J	Impedance	Ω	RV Vector	Result
Test 2	Charge Time	sec	Energy	J	Impedance	Ω	RV Vector	Result
Test 3	Charge Time	sec	Energy	J	Impedance	Ω	RV Vector	Result

Comments

<b>Form Completed By</b>	Name	Phone	Date
Position/Title	Company		