NuMED
Post Market Clinical Follow-up Form
D'VILL Introducer

1. PATIENT INFORMATION:

Date of Procedure:	Patient Date of Birth:
Physician:	Hospital:
Physician Phone No.:	Email Address:
Type of Follow-up: ☐ Within 24 Hours ☐ Other (Specify):	

2. DEVICE INFORMATION:

Catalog Number:	Lot Number:

3. TYPE OF PROCEDURE BEING PERFORMED:

☐ Introduction of balloons, catheters and other diagnostic and interventional devices

☐ Other: _____

4. PROCEDURAL COMPLICATIONS REPORTED:

☐ Perforation of Vessel
☐ Air Embolism
☐ Bleeding
☐ Hematoma Formation
☐ Infection
☐ None

5. DEVICE COMPLICATIONS REPORTED:

☐ Guidewire Issue
☐ Device to be Introduced – Fit Too Tight
☐ Dilator will not insert in to Sheath
☐ Difficulty Withdrawing Introducer
☐ None

6. EXPLAIN ANY COMPLICATION NOTED AND ITS RELATIONSHIP TO THE DEVICE:

7. OTHER COMMENTS:

8. DO YOU CONSIDER THE PROCEDURE A SUCCESS: ☐ **Yes** ☐ **No**

Please email or fax the completed form to: mthomas@numedusa.com or 1-315-328-4941