

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: <input type="checkbox"/> Within 24 Hours <input type="checkbox"/> Other (Specify):	

2. DEVICE INFORMATION:

Catalog Number:	Lot Number:
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3. TYPE OF PROCEDURE BEING PERFORMED:

<input type="checkbox"/> Introduction of balloons, catheters and other diagnostic and interventional devices	<input type="checkbox"/> Other: _____
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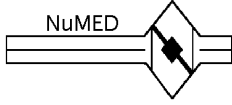
4. PROCEDURAL COMPLICATIONS REPORTED:

<input type="checkbox"/> Perforation of Vessel	<input type="checkbox"/> Hematoma Formation
<input type="checkbox"/> Air Embolism	<input type="checkbox"/> Infection
<input type="checkbox"/> Bleeding	<input type="checkbox"/> None

5. DEVICE COMPLICATIONS REPORTED:

<input type="checkbox"/> Guidewire Issue	<input type="checkbox"/> Difficulty Withdrawing Introducer
<input type="checkbox"/> Device to be Introduced – Fit Too Tight	<input type="checkbox"/> None
<input type="checkbox"/> Dilator will not insert in to Sheath	<input type="checkbox"/>

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



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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