NuMED
Post Market Surveillance Form

1. PATIENT INFORMATION:

Date of Procedure:	Patient Age:
Physician:	Hospital:
Physician Phone No.:	Email Address:

2. DEVICE INFORMATION:

Catalog Number:	Lot Number:

3. TYPE OF PROCEDURE PERFORMED:

4. POSITIVE AND/OR NEGATIVE FEEDBACK RELATED TO DEVICE:

5. OTHER COMMENTS / RECOMMENDATIONS:

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

Product incidents should be reported to NuMED directly, or reported via the Product Incident link on NuMED's website, www.numedforchildren.com.