



Zenith®

TAA ENDOVASCULAR GRAFTS

DEVICE TRACKING FORM

Prompt return of this **COMPLETED** form ensures compliance with applicable federal regulations. **PRINT OR TYPE ACCURATELY AND LEGIBLY.**
This document contains private health information and should be handled in accordance with **HIPAA** requirements.

Patient Information

| | | | | | | |
|------------------------|-----------------|------------------------------|-----------------|-------|---|--------------|
| Implantation Date: | Mo / Day / Year | Birth Date: | Mo / Day / Year | Sex | <input type="radio"/> M <input type="radio"/> F | Phone Number |
| Patient Name | | | | | | |
| Last | | First | | MI | | |
| Address | | | | | | |
| Number and Street | | City | | State | Zip | |
| Social Security Number | | and/or Medical Record Number | | | | |

Implanting Hospital Information

| | | | |
|-------------------|--------------|-------|-----|
| Name of Hospital | Phone Number | | |
| Address | | | |
| Number and Street | City | State | Zip |

Implanting Physician Information

| | | | | | |
|-------------------|------------|-------|--------|-----|---------|
| Physician Name | | | | | |
| Last | | First | | MI | |
| Office Address | | | | | |
| Number and Street | | City | State | Zip | Country |
| Phone Number | Fax Number | | E-mail | | |

If the follow-up physician is different from the implanting physician, please complete the section below.

Follow-Up Physician Information

| | | | | | |
|-------------------|------------|-------|--------|-----|---------|
| Physician Name | | | | | |
| Last | | First | | MI | |
| Office Address | | | | | |
| Number and Street | | City | State | Zip | Country |
| Phone Number | Fax Number | | E-mail | | |

| | | |
|------------------------|---|---|
| Graft Component | Device Reorder/Order Number (e.g., ZTEG-2P-28-120-PF-US) | Lot Number (Obtain from product package) |
|------------------------|---|---|

Write order information or place peel-off sticker below for each Zenith device that is used.

| | |
|----------------------------|-------|
| Proximal Component | Lot # |
| Distal Component | Lot # |
| Proximal Tapered Component | Lot # |
| Proximal Extension | Lot # |
| Distal Extension | Lot # |

Person Who Completed This Form

| | | |
|--------------|------------|--------|
| Name | Title | |
| Phone Number | Fax Number | E-mail |
| Signature | Date | |