PATIENT IMPLANT CARD

Below is a Patient Implant Card to be completed and provided by the hospital to each patient implanted with an EndoStim LES Stimulation System, upon discharge.

PATIENT INFORMATION*

*please complete as permitted by local regulations

PATIENT INITIALS / ID: _____

SURGERY CENTER INFORMATION

HOSPITAL: _____

ADDRESS: _____

CITY: _____ STATE/REGION: _____

POSTAL CODE: _____ COUNTRY: _____

SURGEON NAME: _____

PHONE: _____ E-MAIL: _____

This person is implanted with an: EndoStim LES Stimulation System – LES Stimulator and Stimulating Lead

Patient Name: _____

Stimulator SN: _____ Model: _____ Gen: _____

Lead SN: _____

Implant date: _____

For medical questions, please contact your doctor.

Surgical Center: _____

Phone: _____

In an emergency, placement of a magnet over the device for at least two (2) seconds terminates therapy delivery for 24-48 hours.

MR

Please refer to www.endostim.com/mri for up-to-date information regarding MR Conditional labeling and instructions for this device.

The following treatments are contraindicated (not recommended) when implanted with the EndoStim LES Stimulation System:

- **Medical Diathermy**
- **TENS Exposure in the Abdominal Region**

www.endostim.com
Manufactured by: EndoStim BV, Toernooiveld 300, NL-6525 EC Nijmegen

LB-6563-ENG Rev G