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STRENGTH FOR LIFE

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PATIENT IMPLANT CARD

G21 S.r.l.
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Instruction for completion

1. **Name of the patient or patient ID.** To be filled by the healthcare institution/provider.

2. **Date of implantation.** To be filled by the healthcare institution/provider.

3. **Name and address of the healthcare institution/ provider.** To be filled by the Healthcare institution/ provider.

Place to attach the Implant Card

International Implant Card

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1 _____

2 _____

3 _____

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www.g-21.it
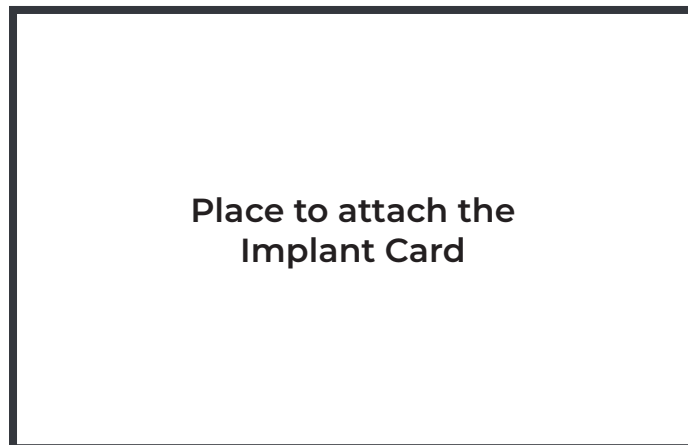
Explanation / translation of symbols

👤?	Patient Name or patient ID	💻	Information website for patients
👨‍⚕️+	Name and Address of the implanting healthcare institution/provider	🏭	Manufacturer
31	Date of Implantation	**LOT**	Production batch number
MD	Device Name	**UDI**	Unique device identifier