



## Journey Together Program Surgical Verification Form

Please fill out this form in its entirety to accompany a claim submission on [Nuvasive.com/JourneyTogetherProgram](https://www.nuvasive.com/JourneyTogetherProgram). Incomplete forms may lead to a delay in processing.

In regards to the primary MAGEC® X implantation surgery (“Original Procedure”):

Surgeon Name (Full): \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Medical Record Number: \_\_\_\_\_

The section below is to be filled out and signed by the surgeon who performed the Original [MAGEC X] Procedure:

Surgical Verification for MAGEC® X Warranty	Select An Answer
1. I verify that I performed the Original Procedure implanting MAGEC X rod(s) on the patient described by the Medical Record Number listed above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I verify that the MAGEC X rods used in the Original Procedure conformed with the stated regulatory clearances as set forth in its respective IFU and product labeling.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I verify that the MAGEC X product used in the Original Procedure was used with FDA-cleared NuVasive® components.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I certify the forgoing information is accurate and correct.  FULL NAME: _____  SIGNATURE: _____  DATE: _____ / _____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Questions?

Contact us at [journeytogetherprogram@nuvasive.com](mailto:journeytogetherprogram@nuvasive.com)