

Patient implant card

Print information

Print true to size (100% scale) with minimal margins

Step 1

Cut along solid line


Step 2

Fold paper vertically

Step 3


Fold paper horizontally

1




Outside


2




Inside





#####-DHFDC





Patient medical device card


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 **Precice intramedullary limb lengthening system**

 **NuVasive Specialized Orthopedics, Inc.** 101 Enterprise, Suite 100
Aliso Viejo, CA 92656, USA +1 855 435 5477 nuvasive.com/NSO



Precice intramedullary limb lengthening system

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 Part number	 Name and address of health institution or provider
 Lot number	 Date of implantation
 Patient information website	 Device name
 Place patient label on the back of the implant card	 Name and address of the manufacturer
 Patient name	