Patient implant card

Print information

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

Step 1

Cut along the solid line

Step 2

Fold along the dashed line (vertically)

Step 3

Fold along the dashed line (horizontally)

1 Outside

2 Inside

3

Attention: This is an MR conditional device. This person has the medical device(s) listed above and can safely undergo an MR exam only under very specific conditions. Scanning under different conditions may result in severe injury or device malfunction. Full MRI safety information is available in the MRI safety information section of the product IFU, which can be obtained at **nuvasive.com/eIFU** or by calling **+1 800.475.9131**

nuvasive.com/Patient-Implant-Card

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NuVasive

Helix ACP system

9514068 A

MR safety information—patient medical device card

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Helix ACP system

Attention: This identity card is an important document. Please keep it safe and bring it along to your follow-up examinations.

NuVasive, Inc. 7574 Lusk Boulevard, San Diego, CA 92121, USA
+1 800 475 9131 **nuvasive.com**

MR conditional symbol

Patient information website

Place patient label on the back of the implant card

Patient name

Name and address of health institution or provider

Date of implantation

Device name

Name and address of the manufacturer