

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


 nuvasive.com/leaflet


#####DHFDC-###





Patient medical device card


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





 **Precice Short system**

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Precice Short 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	

3

