




## Fill Out Instructions


### Front Side




**Pega Medical™ Implant Card**




1  \_\_\_\_\_

2  \_\_\_\_\_

3  \_\_\_\_\_

4  \_\_\_\_\_


<https://www.pegamedical.com/en/for-patients>

Explanation of Symbols		
1		Patient Name or patient ID
2		Date of Implantation
3		Name and Address of the implanting healthcare institution / provider
4		Information website for patients

To be filled by the healthcare institution / provider.


### Back Side

5 DT \_\_\_\_\_


6  \_\_\_\_\_


7 UDI-DI \_\_\_\_\_




8 UDI \_\_\_\_\_

9  \_\_\_\_\_

**Pega Medical™**  
1111 Autoroute Chomedey  
Laval, QC  
H7W 5J8 Canada



10  \_\_\_\_\_

Explanation of Symbols		
5	DEVICE TYPE	Type of device model
6		REF# and Device Name
7	UDI-DI	UDI-DI as HRI
8	UDI	UDI as AIDC format
9		Lot Number
10		Name and Address of the manufacturer

Pre-printed information provided by the manufacturer or importer.