

## Fill Out Instructions

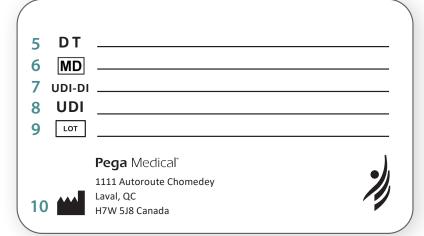
## **Front Side**

		Pega Medical Implant Card	
1	<b>•</b> ?		
2	31		
3	VŢ,		
4	†i		
		https://www.pegamedical.com/en/for-patients	

Explanation of Symbols					
1	<b>†</b> ?	Patient Name or patient ID			
2	31	Date of Implantation			
3	<b>₩</b>	Name and Address of the implanting healthcare institution / provider			
4		Information website for patients			

To be filled by the healthcare institution / provider.

## **Back Side**



Pre-printed information provided by the manufacturer or importer.

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