

# Implantable Device Identification Card

## PATIENT:

Birth Date

Address:

## HOSPITAL:

Address:

## PHYSICIAN:

The System is  conditional: Yes  No

Model: .....

Snr: .....

Implant: ...../...../.....

### Atrial Lead

Manufacturer: .....

Model: .....

Snr: .....

Implant: ...../...../.....

### Ventricular Right Lead

Manufacturer: .....

Model: .....

Snr: .....

Implant: ...../...../.....

### Ventricular Left Lead

Manufacturer: .....

Model: .....

Snr: .....

Implant: ...../...../.....