

IMPORTANT: This form must be completed and returned for every MOLTENO medical device implanted, destroyed, lost or returned, in compliance with legal requirements and good medical practice, to ensure implant traceability.














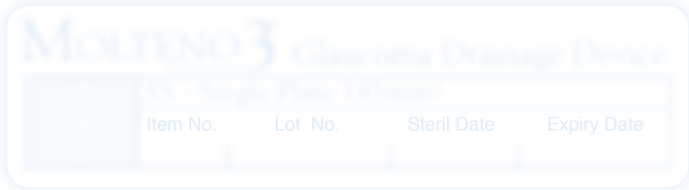
PLEASE
AFFIX
STAMP
HERE


 Distributor's Name & Address

 info@molteno.com

MOLTENO® Implant Traceability Record

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 Hospital/Clinic:	
 Address:	
 Phone:	 Email:
 Surgeon:	
 Date of Surgery:	DD/MM/YYYY
Eye: Right <input type="checkbox"/>   Left <input type="checkbox"/>	Other site: <input type="text"/>
 Patient Name:	
 Identification Number:	
 Date of Birth:	DD/MM/YYYY
Gender: Male <input type="checkbox"/>  Female <input type="checkbox"/> 	
Please attach an implant label here: Implant labels are included in the box.	
	

Fold in half, seal and return to your distributor,
OR scan and  email to info@molteno.com

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0916-DTC