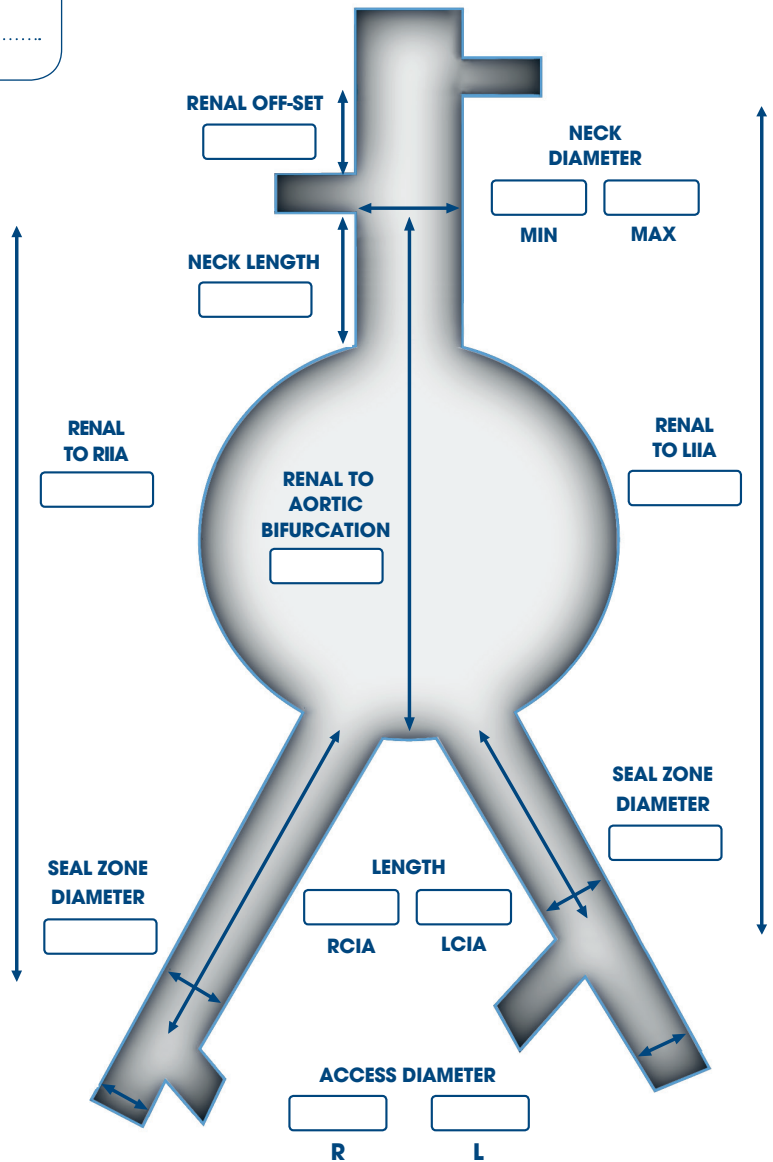


Clinician Name:
Hospital:
Delivery/Contact Address:

Telephone:
Email:
Lombard Medical/Distributor Representative:

Patient ID:
Date Of Birth: **M/F:**
Procedure Date:
CT Scan Date:

ANATOMICAL MEASUREMENTS



ANATOMICAL INFORMATION	
THROMBUS	<input type="checkbox"/>
CALCIFICATION	<input type="checkbox"/>
NECK ANGULATION	
INNER CURVE DEVICE	LEFT <input type="checkbox"/>
	RIGHT <input type="checkbox"/>

C-ARM ANGULATION			
	CC°	RAO°	LAO°
NECK			
RIGHT ILIAC			
LEFT ILIAC			

NOTES

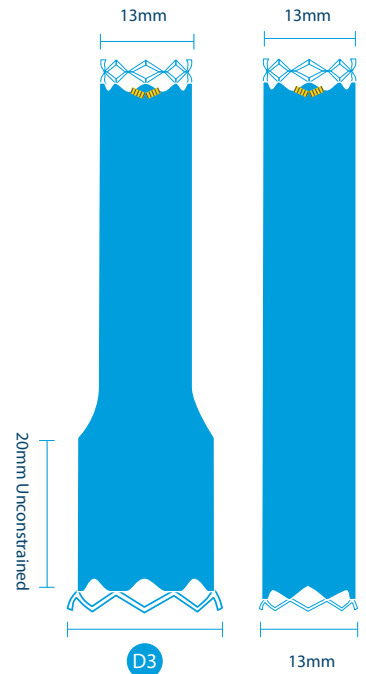
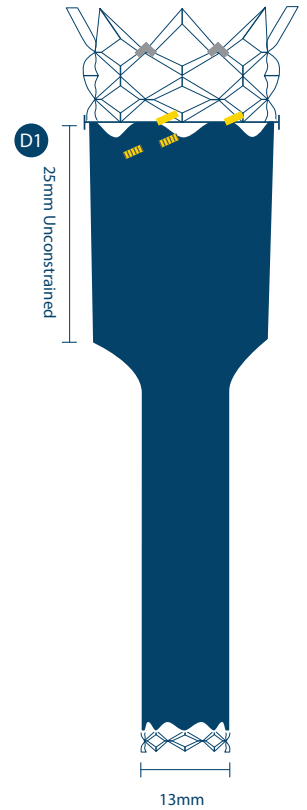
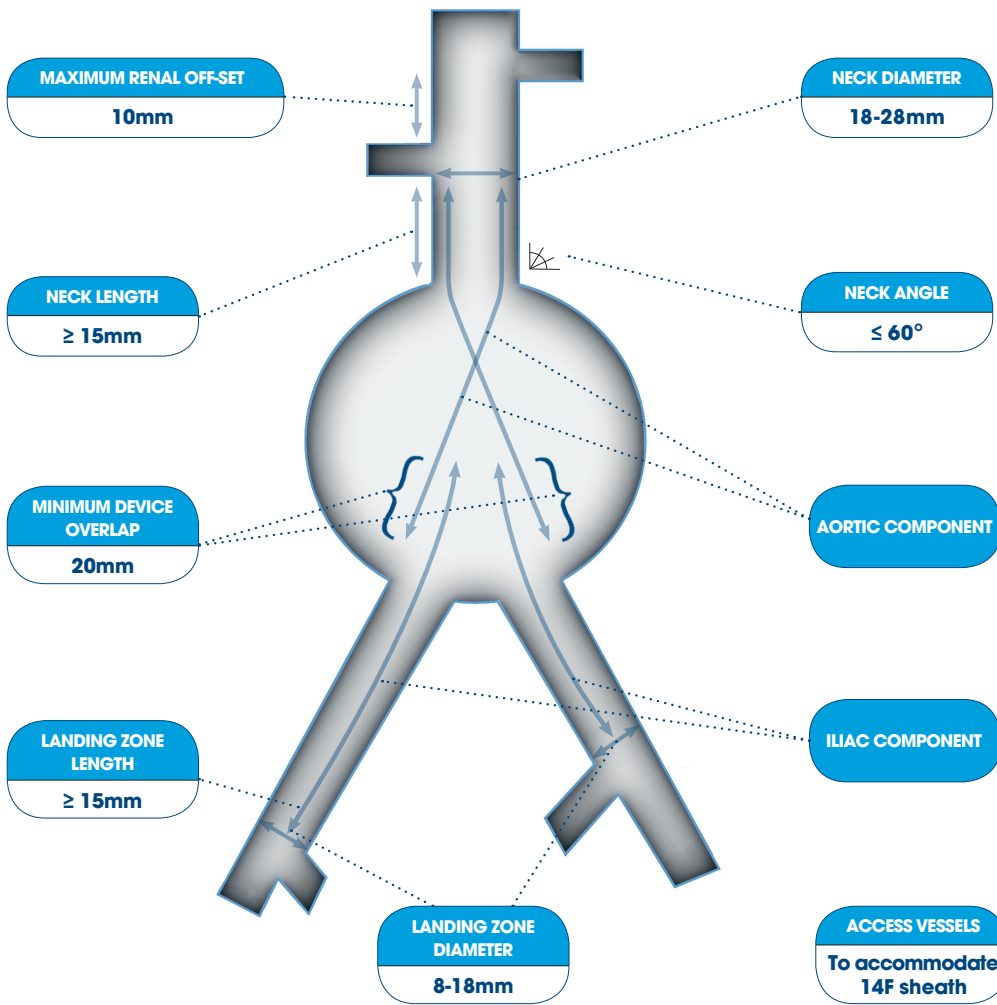
.....

AORTIC ENDOGRAFT		ILIAC ENDOGRAFT			BRIDGING ENDOGRAFT	
CATALOGUE NUMBER	AORTIC QUANTITY	CATALOGUE NUMBER	RIGHT ILIAC QUANTITY	LEFT ILIAC QUANTITY	CATALOGUE NUMBER	BRIDGE QUANTITY
01-AA-24-090		01-AI-13-065			01-AI-13-065	
01-AA-27-090		01-AI-17-065				
01-AA-30-090		01-AI-21-065				

It is the responsibility of the clinician who completes this form to assess the suitability of this device for the intended patient. If this product is used outside of the indications for use, this is regarded as off label use and Lombard Medical cannot be held accountable for a decision to use it under these circumstances.

ANATOMICAL MEASUREMENT GUIDE

Please refer to Aortic and Iliac Endograft treatment ranges in order to select a treatment size



AORTIC ENDOGRAFT

CATALOGUE NUMBER	DEVICE SIZE (D1)	NON-ANEURYSMAL NECK LUMEN TREATMENT RANGE	SUPRARENAL STENT DIAMETER	UNCONSTRAINED GRAFT LENGTH
01-AA-24-090	24mm	18-22mm	29mm	90mm
01-AA-27-090	27mm	21-25mm	33mm	
01-AA-30-090	30mm	24-28mm	36mm	

ILIAC ENDOGRAFT

CATALOGUE NUMBER	DEVICE SIZE (D3)	ILIAC TREATMENT RANGE	UNCONSTRAINED GRAFT LENGTH
01-AI-13-065	13mm	8-11mm	65mm
01-AI-17-065	17mm	11-15mm	
01-AI-21-065	21mm	15-18mm	



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