

Product/Patient Information

| | | | |
|---------------------------------------------------------------------------------------|----------------|------|------------------------------------------|
| Product Name | Product Lot | Size | How long has the patient had the device? |
| Patient Weight | Patient Height | | Patient Age |
| Patient Occupation | Comments/Notes | | |
| How did patient obtain this product? | | | |
| Was it prescribed by a health care professional? | | | |
| Did the patient receive the Instructions for Use? | | | |
| Nature and details of complaint: (What happened? Customers words) | | | |
| Did the issue you described cause you to seek medical attention? If yes, describe: | | | |
| Can we recover the product involved? | | | |
| Reason any information was not obtained: | | | |
| (Attach copies of efforts or notes to this document) | | | |