



## 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 the patient obtain the product?**

**Was it prescribed by a health care professional?**

**Did the patient receive the Instructions for Use?**

**Nature and details of Complaint (What happened? In Customer's 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)**

**Customer's Name/Contact Information:**

**Submitted By/Date:**