

Place chart label here.

The carrier of this card has been treated with an implantable, defect-closure device.

The device is non-ferromagnetic/MR Conditional to 3.0 T.

Notify your doctor if there is a change in your medical condition or your mailing address.

If you experience shortness of breath or chest pain:

- Seek medical attention immediately
- An echocardiogram is required

## AMPLATZER® Occluder

Patient name: \_\_\_\_\_

Implant date: \_\_\_\_\_

Doctor name: \_\_\_\_\_

Doctor phone number: \_\_\_\_\_



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600305-002 en 03-2009



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