



## Product / Patient Information

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