



**Occlutech Tıbbi Ürünler San. ve
Tic. Ltd. Şti
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www.occlutech.com

**Patient Card
Occlutech® Device**

Place label from device here.



Patient information

First name: _____

Surname: _____

Date of birth: _____

Date of implantation: _____

Attending physician:

Hospital:

An Occlutech[®] device was implanted to the mentioned patient.

Magnetic resonance imaging (MRI)

An MRI scan of 1.5 and 3 Tesla are tested conditionally safe under specific settings and is possible to perform immediately after the procedure. Please tell your radiologist prior to an MRI scan that you carry an implant.