IMPLANT CARD INSTRUCTIONS FOR USE

OPRA™ Implant System for Direct Skeletal Anchorage of Amputation Prostheses

Integrum

INSTRUCTION FOR COMPLETION

A. The healthcare institution or provider completes the following information:

1. Name of the patient or patient ID.
2. Name and address of the healthcare institution or provider.
3. Date of implantation.

B. Detach and place sticker on Implant Card. Align the sticker outline with the marked area on the Implant Card (4)

C. The sticker shows the following information:

4.1. Device name.

4.2. Device type (provided in the accepted language).

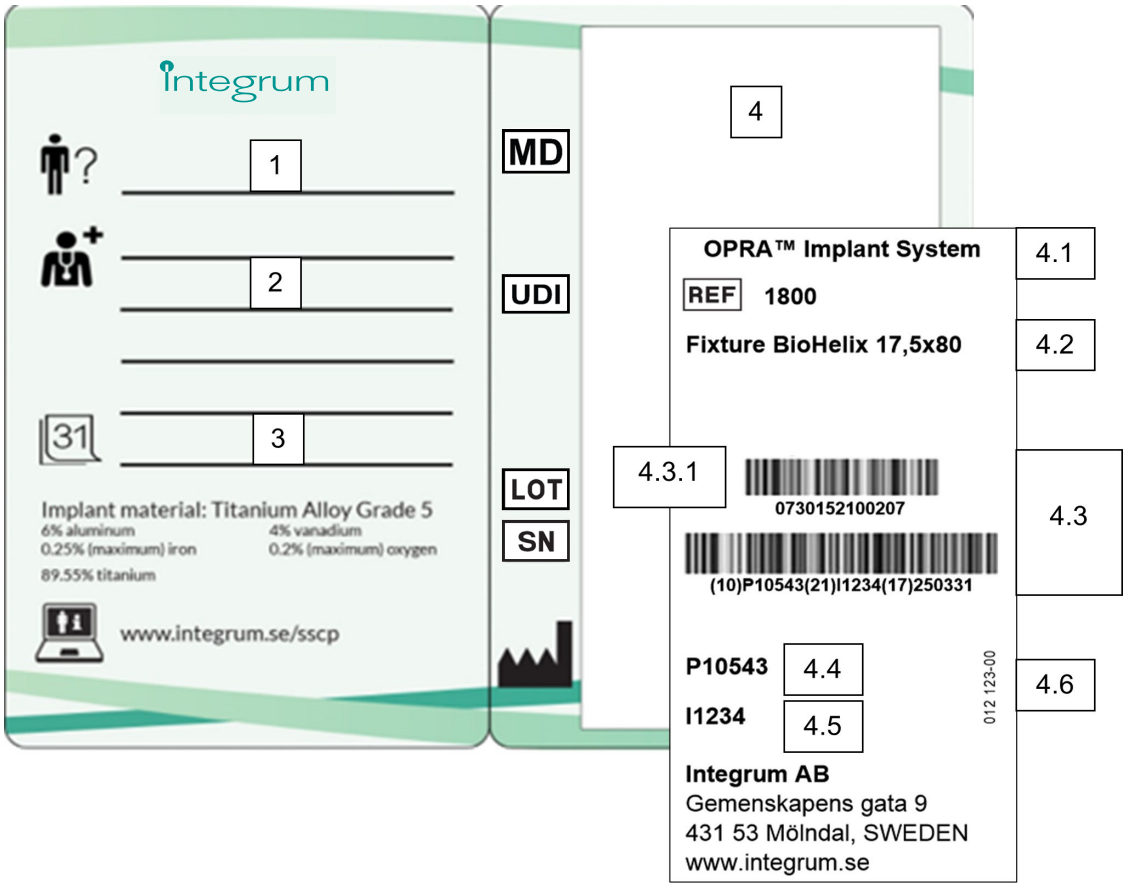
4.3. Unique device identification (UDI).

4.3.1 UDI-DI: Device Identification Number.

4.4 LOT Number.

4.5. Serial Number.

4.6. Name and address of the manufacturer of the medical device.



	Patient name or patient ID
	Name and address of the implanting healthcare institution or provider
	Date of implantation
	Device name
	Manufacturer
	Information website for patients
	Serial number
	LOT Number
	Reference number
	 UDI-DI  UDI-PI Unique device identification number UDI-DI: Device identification number UDI-PI: Device production number

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Dok.-Nr.: 011 144-02, EN 2023-02