

DEVICE IDENTIFICATION AND LIMITED WARRANTY CARD

PATIENT RECORD

PLEASE KEEP THIS WITH YOUR HEALTH CARE RECORDS.

PATIENT LIMITED WARRANTY ENROLLMENT ACTIVATED

PATIENT NAME _____

DATE OF SURGERY _____

PHYSICIAN NAME _____

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There is a boxed warning for breast implants, see web link. For more information about Sientra breast implant safety information, patient decision checklist, and labeling, including boxed warning please visit [sientra.com/commitment-to-safety](https://www.sientra.com/commitment-to-safety)

MDC-0007 R4

LEFT UDI

RIGHT UDI

LEFT SIDE

CATALOG NUMBER _____

SERIAL NUMBER _____

UNIQUE DEVICE IDENTIFIER (UDI) _____

DEVICE STYLE & SIZE _____

- | | |
|---------------------------------------|--|
| <input type="radio"/> Smooth Round | <input type="checkbox"/> Augmentation |
| <input type="radio"/> Textured Round | <input type="checkbox"/> Reconstruction |
| <input type="radio"/> Textured Shaped | <input type="checkbox"/> Implant Replacement |

PATIENT RECORD LABEL

RIGHT SIDE

CATALOG NUMBER _____

SERIAL NUMBER _____

UNIQUE DEVICE IDENTIFIER (UDI) _____

DEVICE STYLE & SIZE _____

- | | |
|---------------------------------------|--|
| <input type="radio"/> Smooth Round | <input type="checkbox"/> Augmentation |
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