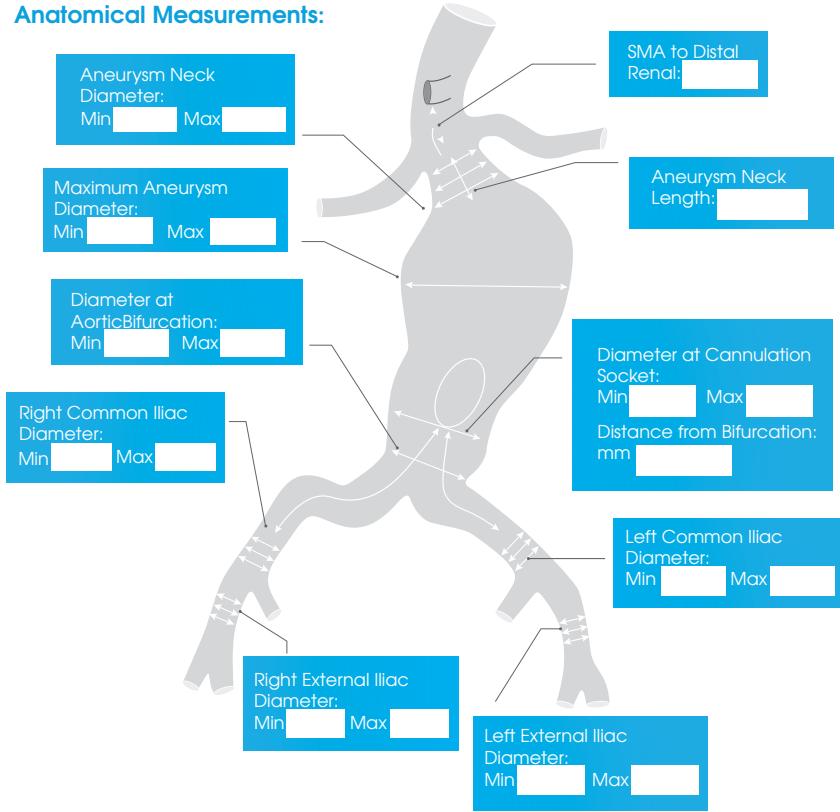


Physician: _____
 Hospital: _____
 Account #: _____ Patient I.D.: _____ Age: _____ Male/Female: _____
 Procedure Date: _____ CT Scan Date: _____
 Lombard Contact: _____

Sizing Sheet and Order Form

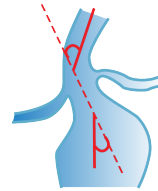
Additional Information:

Anatomical Measurements:



Ipsilateral Side	
Right	Left

Distal Renal	
Right	Left



Neck Angulations:

Peri-renal Angulation: _____°
 Infra-renal Angulation: _____°

Suggested C-Arm Angulation:

CC : _____° RAO°: _____° LAO: _____°

Thrombus and Calcification:

		None	Partial	Circ.
Thrombus	Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L. Iliac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	R. Iliac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcification	Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	L. Iliac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	R. Iliac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please see other side for measurement guidelines for Aorfix

Implant Sizes: Please note that all listed diameters are INTERNAL. The Outside diameters are 1mm larger than the listed size.

Main Body (MB):

	PROXIMAL DIAMETER	GRAFT BODY LENGTH	IPSILATERAL LEG LENGTH	DISTAL IPSILATERAL LEG DIAMETER	Quantity
BODY	D1 <input type="text"/>	L1 <input type="text"/>	L2 <input type="text"/>	D2 <input type="text"/>	<input type="text"/>
Additional Main Body	D1 <input type="text"/>	L1 <input type="text"/>	L2 <input type="text"/>	D2 <input type="text"/>	<input type="text"/>
Additional Implants Needed:					Quantity
SG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contralateral Leg (CL):

Listed length is the working length. The length in parenthesis applies only when L1=81mm. The actual length of the stent is 40mm longer than the stated working length.

	CONTRALATERAL LEG LENGTH	DISTAL CONTRALATERAL LEG DIAMETER	Quantity
LEG	L3 <input type="text"/>	D3 <input type="text"/>	<input type="text"/>
LEG	L3 <input type="text"/>	D3 <input type="text"/>	<input type="text"/>
LEG	L3 <input type="text"/>	D3 <input type="text"/>	<input type="text"/>
LEG	L3 <input type="text"/>	D3 <input type="text"/>	<input type="text"/>

Distal Extender (DE):

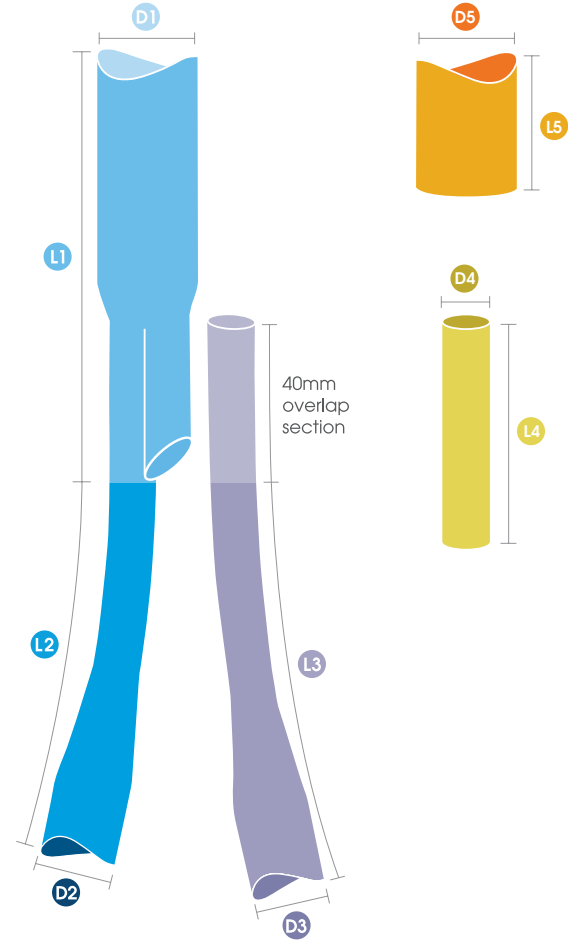
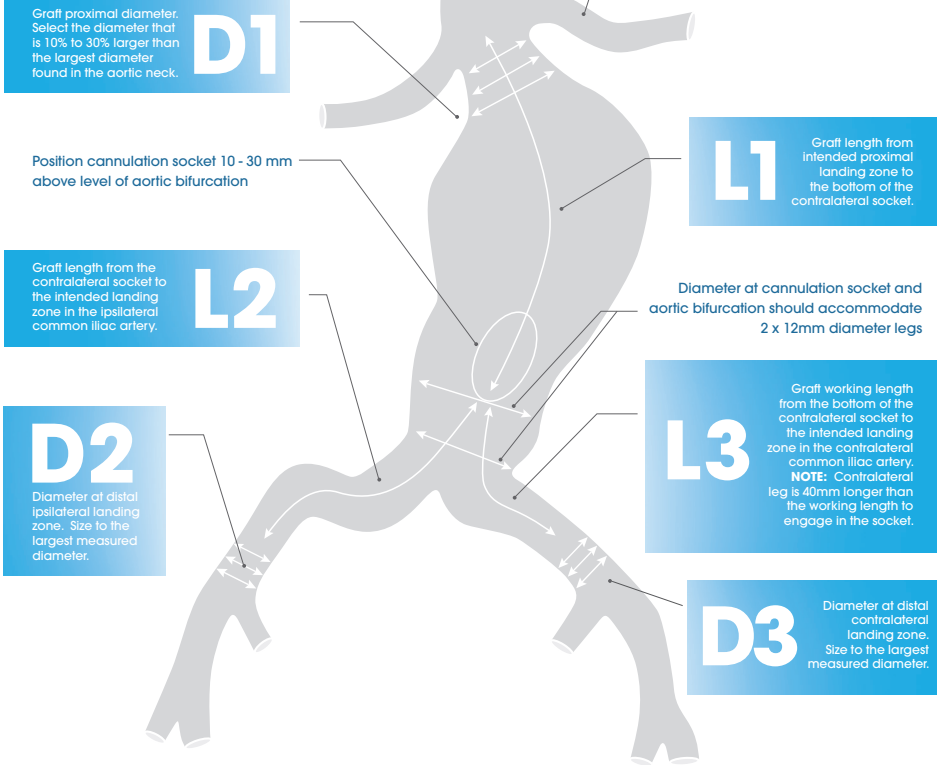
	DISTAL EXTENDER DIAMETER	DISTAL EXTENDER LENGTH	Quantity
DISTAL	D4 <input type="text"/>	L4 <input type="text"/>	<input type="text"/>
DISTAL	D4 <input type="text"/>	L4 <input type="text"/>	<input type="text"/>
DISTAL	D4 <input type="text"/>	L4 <input type="text"/>	<input type="text"/>

Additional Comments/Implants: Please note that appropriately sized Proximal Extenders are sent with every order.

It is the responsibility of the physician approving this form to assess the suitability of the device in relation to the IFU, if the product is used outside the indications and criteria stipulated within the IFU, this is regarded as off label usage for which Lombard Medical cannot be held accountable. By signing this document, I confirm my full understanding of the above statement.

Sizing approved/signed by physician

Aorfix Sizing Guide:



Fishmouth Height

The number in each box refers to the height of the fishmouth (mm).

Fishmouth Height (mm)	Aortic Diameter (mm)										
	19	20	21	22	23	24	25	26	27	28	29
24	12	11	10	9	7	5	0	-	-	-	-
25	13	12	11	10	9	7	5	0	-	-	-
26	14	13	12	11	10	9	7	5	0	-	-
27	15	14	14	13	12	10	9	7	5	0	-
28	16	15	15	14	13	12	11	9	8	5	0
29	17	16	16	15	14	13	12	11	9	8	5
30	18	18	17	16	15	14	13	12	11	10	8
31	19	19	18	17	16	15	15	14	12	11	10

 5% or 35% oversized, 12mm fishmouth height
 >35% or less than 5% oversized, 13mm fishmouth height
 10% to 30% oversized, 11mm fishmouth height

Main Body Endovascular Stent Graft (MB)

D1	PROXIMAL DIAMETER (mm)				
		24	27	31	
L1	GRAFT BODY LENGTH (mm)				
		81*			
		96			
		111	126		
L2	IPSILATERAL LEG LENGTH (mm)				
		63	80**		
D2	DISTAL IPSILATERAL LEG DIAMETER (mm)				
		12	14	16	18

Contralateral (Plug-In) Leg (CL)

L3	CONTRALATERAL LEG LENGTH (mm)					
		L1>81mm	L1=81mm*			
	56	(71)				
	64	(79)				
	73	(88)				
	81	(96)				
	90	(105)				
	98	(113)				
	106	(121)				
D3	DISTAL CONTRALATERAL LEG DIAMETER (mm)					
		10	12	14	16	18

Proximal Extender (PE)

D5	PROXIMAL EXTENDER DIAMETER (mm)		
		24	27
L5	PROXIMAL EXTENDER TOTAL LENGTH (mm)		
		38	

Distal Extender (DE)

D4	DISTAL EXTENDER DIAMETER (mm)					
		10	12	14	16	18
L4	DISTAL EXTENDER TOTAL LENGTH (mm)					
		51				
	82					

*Use right column of (L3) Contralateral (Plug-In) Leg chart when (L1) Main Body Stent Graft length = 81mm

** Not available with 126mm L1