

Lombard Medical Technologies PLC
4 Trident Park, Didcot, Oxon.,
OX11 7HJ, U.K.

CUSTOMER SERVICES: TEL: +44(0)1235 750800 FAX: +44(0)1235 750879
EMAIL: customer.services@lombardmedical.com

FOR MEASURING GUIDANCE SEE
INSTRUCTIONS FOR USE (IFU)

CONSULTANT
HOSPITAL
DELIVERY/CONTACT ADDRESS
POSTCODE
TEL:
FAX:
LOMBARD/DISTRIBUTOR REPRESENTATIVE

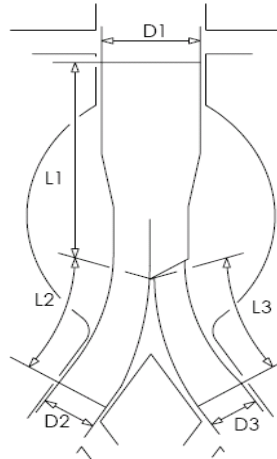
PATIENT I.D.
PATIENT NAME (optional)
DATE OF BIRTH
M
F
PROCEDURE DATE
HOSPITAL PURCHASE ORDER NUMBER
DATE OF C.T. SCAN:
ADDITIONAL INFORMATION IF NEEDED:

IMPLANT SIZES (Circle or mark 'X' next to required graft size as appropriate)

D1	PROXIMAL DIAMETER (mm)							
	24	25	26	27	28	29	30	31

L1	GRAFT BODY LENGTH (mm)	
	*81	
	96	
	111	
	126	
	142	

L2	IPSILATERAL LEG LENGTH (mm)	
63		
80	NOT AVAILABLE for 142mm body	
97	NOT AVAILABLE for 126 & 142mm body	



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	20

D2	DISTAL IPSILATERAL LEG DIAMETER (mm)						IPSILATERAL SIDE		DISTAL EXTENDER (Specify quantity below)						
	10	12	14	16	18	20	LEFT	RIGHT	DIAMETER (mm)	10	12	14	16	18	20
									51mm LONG						
									82mm LONG						

ANATOMICAL INFORMATION

CALCIFICATION	NONE	PARTIAL	RING
NECK			
L ILIAC			
R ILIAC			
SMA TO DISTAL RENAL	mm		
DISTAL RENAL:	LEFT	RIGHT	
ANEURYSM NECK DIAMETER	mm x	mm	
ANEURYSM NECK LENGTH	mm		
ANEURYSM NECK ANGLE			
ANEURYSM DIAMETER (MAX)	mm x	mm	
DIAMETER AT CANNULATION SOCKET	mm x	mm	
AORTIC BIFURCATION DIAMETER	mm x	mm	
C-ARM ANGULATION FOR LOWEST RENAL IN PROFILE (if appropriate):			
CC:	RAO:	LAO:	

THROMBUS	NONE	PARTIAL	CIRCUMFERENTIAL
NECK			
L ILIAC			
R ILIAC			
COMMON ILIAC DIAMETERS		EXTERNAL ILIAC DIAMETERS	
LEFT	mm to mm	LEFT	mm to mm
RIGHT	mm to mm	RIGHT	mm to mm
SPECIAL INSTRUCTIONS (if applicable)			

BODY AND LEG PRODUCT CODES FOR ORDERING

SG - HBB - - - - A5 - 22	SG - HBL - - - - A6 - 20 - FLX
---------------------------------	---------------------------------------

SIZING AUTHORITY SIGNATURE	DATE	CLINICIAN SIGNATURE	DATE	DISTRIBUTOR/HOSPITAL SIGNATURE	DATE

Sizing approval by the clinician received (attach relevant documents): (Signed for and dated on behalf of Lombard Medical)

* For an device that uses an 81mm long body please mark both leg lengths to get correct product code for ordering. e.g. for an 81 body requiring a 71mm long contralateral leg, mark 71 and 56. A product code of SG-HBL-56-D3-A6-20-FLX will then ensure the correct leg length is used with the 81mm body. See your Lombard representative for a further explanation. **FORM 5.16/003 ISSUE 12**

Filename: Form - 5.16-003 Aorfix sizing sheet issue (12)
Directory: N:\Quality\Final\Forms
Template: C:\Documents and Settings\keithn\Application
Data\Microsoft\Templates\Normal.dot
Title:
Subject:
Author:
Keywords:
Comments:
Creation Date: 3/24/2009 2:40:00 PM
Change Number: 2
Last Saved On: 3/24/2009 2:40:00 PM
Last Saved By: Mark Fletcher
Total Editing Time: 1 Minute
Last Printed On: 3/24/2009 4:44:00 PM
As of Last Complete Printing
Number of Pages: 1
Number of Words:734 (approx.)
Number of Characters: 3,569 (approx.)