

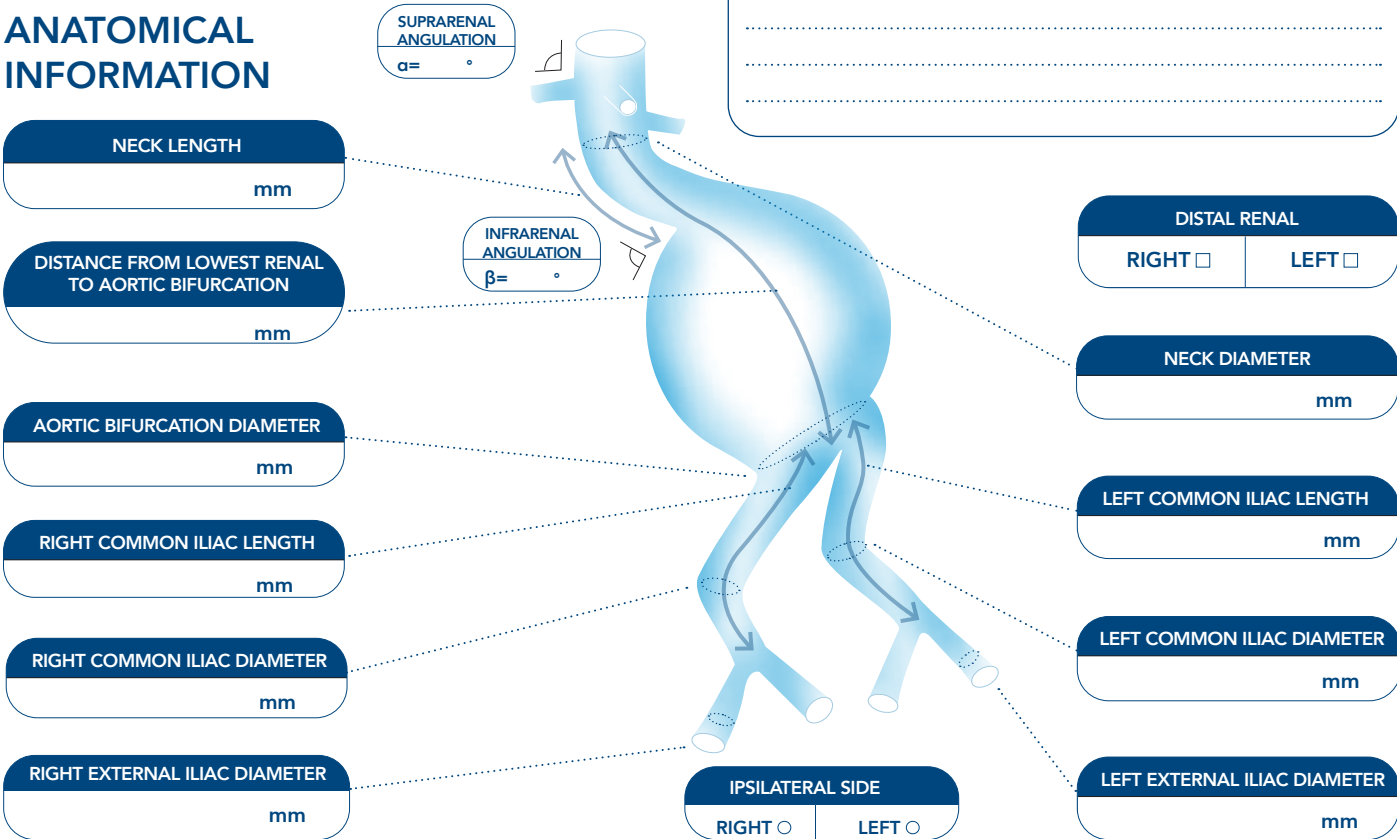
Clinician Name:
 Hospital:
 Delivery/Contact Address:
 Telephone:
 Email:
 Lombard Medical/Distributor Representative:

Patient ID:
 Date Of Birth: M/F:
 Procedure Date:
 CT Scan Date:

NOTES

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ANATOMICAL INFORMATION



NECK LENGTH
mm

DISTANCE FROM LOWEST RENAL TO AORTIC BIFURCATION
mm

AORTIC BIFURCATION DIAMETER
mm

RIGHT COMMON ILIAC LENGTH
mm

RIGHT COMMON ILIAC DIAMETER
mm

RIGHT EXTERNAL ILIAC DIAMETER
mm

DISTAL RENAL
RIGHT LEFT

NECK DIAMETER
mm

LEFT COMMON ILIAC LENGTH
mm

LEFT COMMON ILIAC DIAMETER
mm

IPSILATERAL SIDE
RIGHT LEFT

LEFT EXTERNAL ILIAC DIAMETER
mm

IMPLANT SIZES (please tick required graft size as appropriate)

MAIN BODY

PROXIMAL DIAMETER (mm)
 D1 22 24 26 28 30 32 34

GRAFT BODY LENGTH (mm)
 L1 100

LIMB SIZES

IPSILATERAL LEG LENGTH (mm)
 L2 80 100 120 140

DISTAL IPSILATERAL LEG DIAMETER (mm)
 D2 10 13 16 18 20 24

CONTRALATERAL LEG LENGTH (mm)
 L3 80 100 120 140

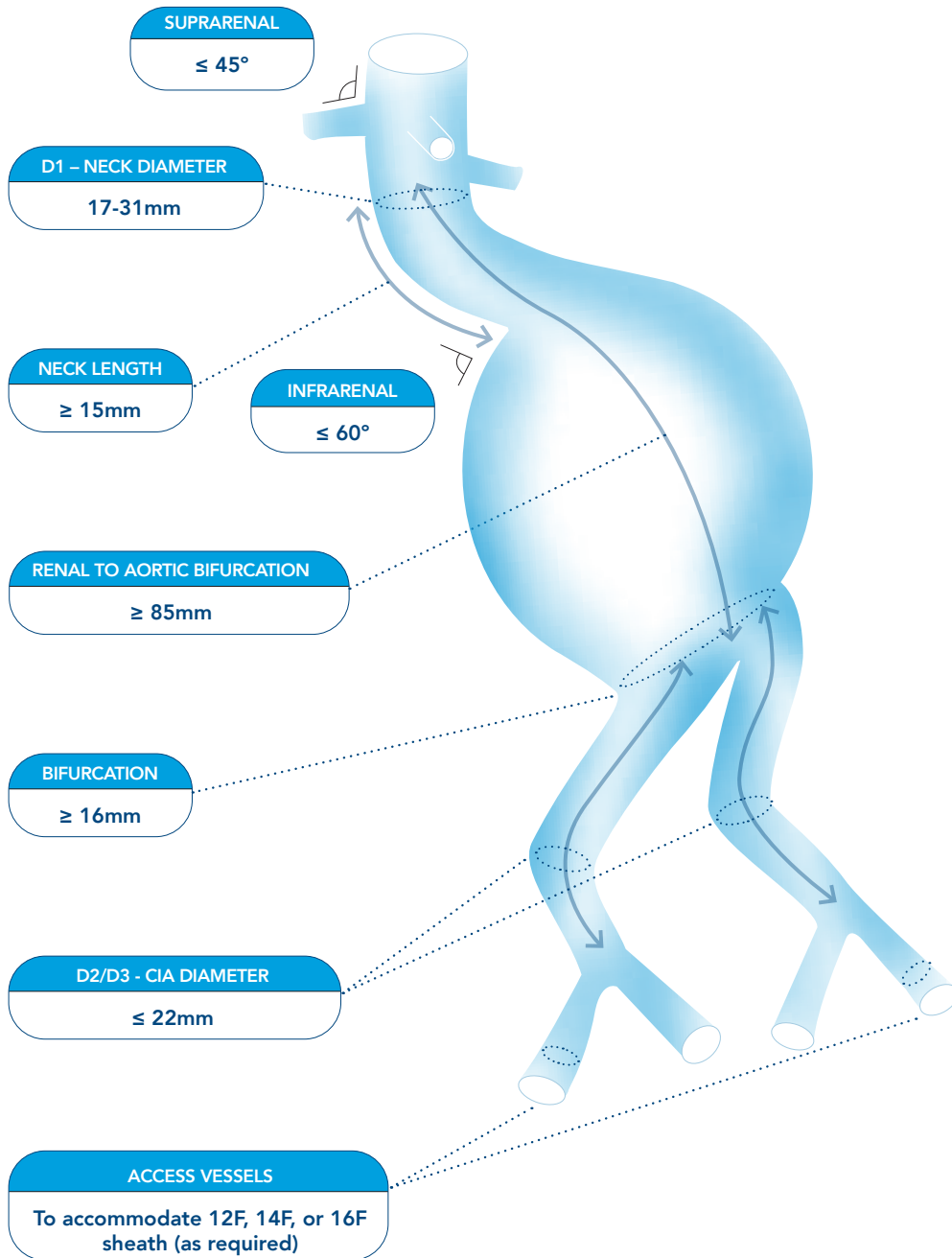
DISTAL CONTRALATERAL LEG DIAMETER (mm)
 D3 10 13 16 18 20 24

BODY AND LEG PRODUCT CODES FOR ORDERING

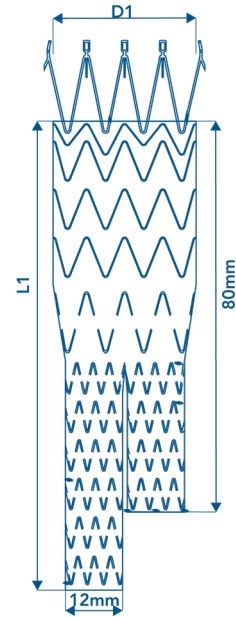
MAIN BODY	D1	L1	IPSILATERAL LEG	L2	D2	CONTRALATERAL LEG	L3	D3
		100						

It is the responsibility of the clinician who completes this form to assess the suitability of this device for the intended patient. If this product is used outside the indications for use, this is regarded as off label use and Lombard Medical cannot be held accountable for a decision to use it under these circumstances.

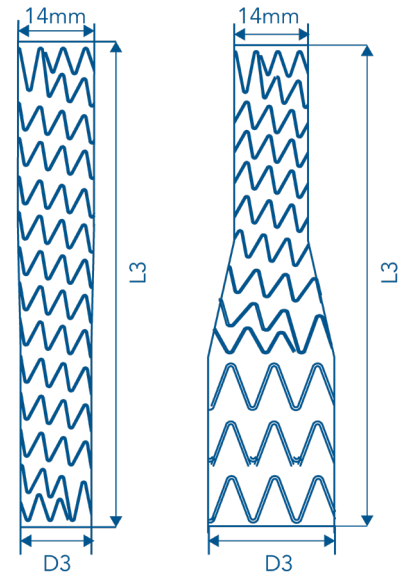
ANATOMICAL MEASUREMENTS



Main Body



Iliac Leg



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