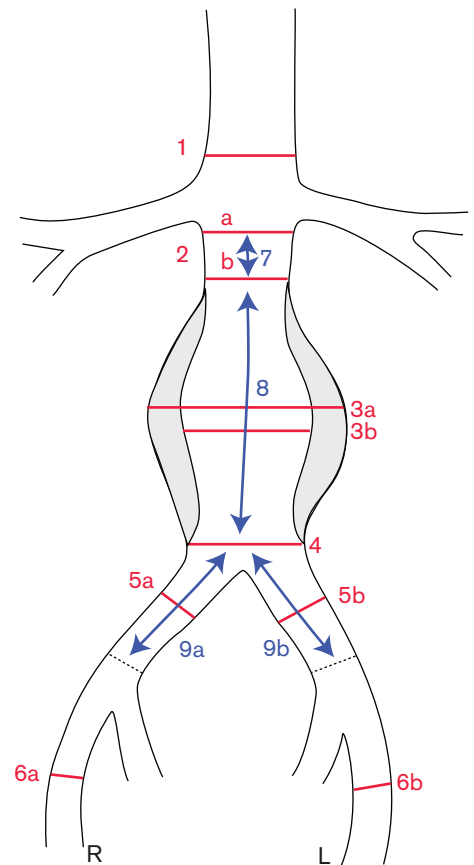


Patient Name / I.D./DOB	Date
Hospital	
Doctor's Name	
Planned date for the operation	

Required Information:

1	Ø of aorta 1cm proximal A.renalis.....			
2	Ø of aorta below A.renalis (a) and 15mm below (b)	a	b	
3a	Ø of the aneurysm (at its widest point)			
3b	Ø of the floated lumen of the aorta			
4	Ø of the aorta at the Bifurcation..... (Look for Calcification)			
5a	Ø A.iliaca communis right			
5b	Ø A.iliaca communis left			
6a	Ø A.femoralis communis right.....			
6b	Ø A.femoralis communis left			
7	Length of the proximal neck..... (From the lowest A.renalis to the beginning of the aneurysm) Watch accessory renals and make notes of thrombus and Calcification			
8	Lenth of the aorta (from the beginning of the..... aneurysm to the aortic bifurcation)			
9a/b	Length of A.ilica communis right (a) and left (b)	a	b	
	(from the aortic bifurcation to the hypogastric)			



Signature of the ordering doctor or doctor's representative



Occluder kits available

To be filled out by LeMaitre

Product Code

Main Body

Extender

Cuff

Etc.