

Please forward this document to the patient's dialysis center.

IMMEDIATE ATTENTION REQUIRED

TO:

FROM:

Vascular Access Coordinator:	
Dialysis Center:	
Fax Number:	

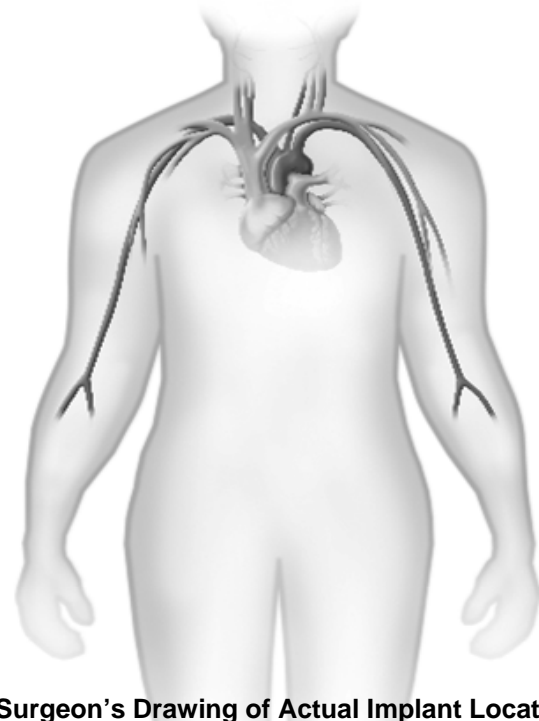
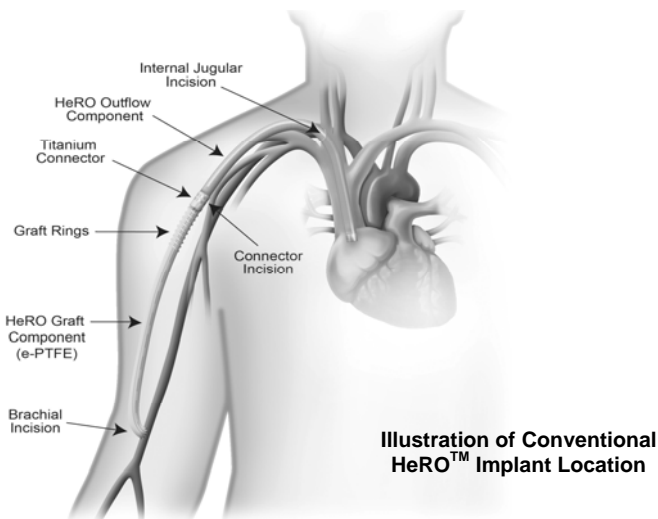
Surgeon Name:	
Hospital Affiliation:	
Phone Number:	

HeRO™ Vascular Access Device

Patient Name:	
Patient Label:	

Venous Outflow Component Label:	
Arterial Graft Component Label:	

This patient has received a HeRO™ Vascular Access Device and may have a bridging catheter.



Please contact the HeRO™ Customer Service team for device care and cannulation training for your staff.

Customer Service: 888.313.8233
www.heroaccess.com