



IMPLANT NOTIFICATION

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® Graft

Patient Name:	
Patient Label:	

Venous Outflow Component Label:	
Arterial Graft Component Label:	

This patient has received a HeRO Graft and may have a bridging catheter.

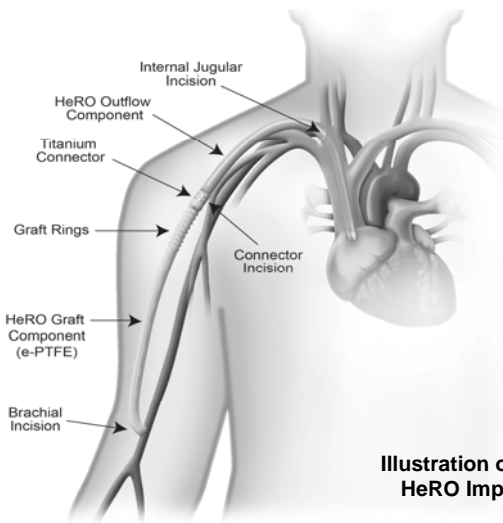
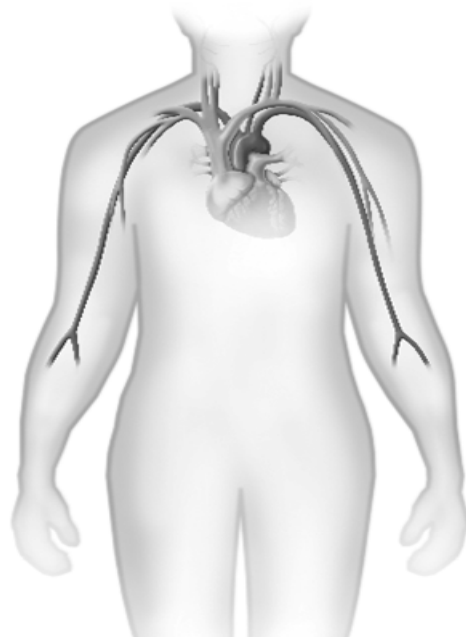


Illustration of Conventional HeRO Implant Location



Surgeon's Drawing of Actual Implant Location

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

**Customer Service: 888.313.8233
www.heroaccess.com**

The FDA regulation name for the HeRO Graft is vascular graft prosthesis.

INDICATIONS FOR USE: The HeRO Vascular Access Device is indicated for end-stage renal disease (ESRD) patients on long-term hemodialysis who have exhausted all other peripheral access options. Rx only.