

PATIENT DEVICE IDENTIFICATION
AND LIMITED WARRANTY CARD

KEEP FOR YOUR RECORDS

☐ PATIENT LIMITED WARRANTY ENROLLMENT ACTIVATED



201-417-016/2915-922-1768
ANDERSON, KEMBERLI ANN

F, 10/19/1965, E 10/24/2018, 53 y
Kulber, David A, MD

OPUS™

LEFT SIDE

CATALOG NUMBER _____

SERIAL NUMBER _____

IMPLANT SIZE _____

HSC Smooth Round Moderate Plus

REF 10621-435MP

SN 100008158

- ☐ Smooth Round ☐ Augmentation
☐ Textured Round ☐ Reconstruction
☐ Textured Shaped ☐ Implant Replacement

RIGHT SIDE

CATALOG NUMBER _____

SERIAL NUMBER _____

IMPLANT SIZE _____

HSC Smooth Round Moderate Plus

REF 10621-435MP

SN 100023459

- ☐ Smooth Round ☐ Augmentation
☐ Textured Round ☐ Reconstruction
☐ Textured Shaped ☐ Implant Replacement

MDC-0007 R3

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