

	<p align="center"><b>MEDIIX Kft.</b> H-3324 Felsőtárkány 2473 Hrsz.</p>	<p align="right"><b>PMCF-S-MR eng v01</b></p>
<p align="center"><b>Released:</b> <b>2016.01.01.</b></p>	<p align="center"><b>Mediox Devices Medical Record</b> <b>SPINE</b></p>	<p align="right"><b>Page:3/1</b></p>

**Mediox devices  
Medical record**

Patient id<sup>1</sup>:

Date of OP:

OP performed by:

Hospital:

Diagnosis:

OP type, description of the OP:

Used implants:

<i>Type</i>	<i>Diameter (mm)</i>	<i>Length (mm)</i>	<i>Pcs</i>

<sup>1</sup> See: PMCF-S-INFO

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Enclosed X-ray images:

Hospital treatment documentation:

1. *Number of treatment days:*
2. *Number of OPs (reoperation?):*
3. *Wound healing:*
4. *Used blood:*
5. *Medicines:*

Note:

Complications and any other adverse event:

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## Results of Control examination:

### 6 weeks control

<i>Date:</i>	<i>ODI/NDI scores:</i>	<i>VAS score:</i>	<i>Signature:</i>
<i>Evaluation:</i>			
<i>Complications and any other adverse event:</i>			

### 3 months X-ray control

<i>Date:</i>	<i>ODI/NDI scores:</i>	<i>VAS score:</i>	<i>Signature:</i>
<i>Evaluation:</i>			
<i>Complications and any other adverse event:</i>			

### 6 months X-ray control

<i>Date:</i>	<i>ODI/NDI scores:</i>	<i>VAS score:</i>	<i>Signature:</i>
<i>Evaluation:</i>			
<i>Complications and any other adverse event:</i>			

### 12 months X-ray control

<i>Date:</i>	<i>ODI/NDI scores:</i>	<i>VAS score:</i>	<i>Signature:</i>
<i>Evaluation:</i>			
<i>Complications and any other adverse event:</i>			

Date of closing:

Signature: