

Device Tracking Form USA

I. COMPLETE UPON IMPLANT

DEVICE AND SURGERY INFORMATION

Date of implantation (mm/dd/yy)

Affix LEFT breast implant label here. If label is not available, record Catalogue Number (REF) and Serial Number (SN) below

Left Place device sticker here	REF (Left)			
	SN (Left)			
	☐ Reconstruction	☐ Augmentation	☐ Revision	

Affix RIGHT breast implant label here. If label is not available, record Catalogue Number (REF) and Serial Number (SN) below

Right Place device sticker here	REF (Right)			
	SN (Right)			
	☐ Reconstruction	☐ Augmentation	☐ Revision	

IMPLANTING/EXPLANTING PHYSICIAN INFORMATION

Last Name		First Name		
Address		City/State/Province		Zip/Postal Code
Email		Telephone		Fax

☐ The surgeon who implanted this device complied with FDA requirements pertaining to use of the Patient Decision Checklist for this device, including pre-operative review and appropriate initials and signatures. (To be completed by implanting physician)

ATTENDING/FOLLOWING PHYSICIAN INFORMATION (if different from above)

Last Name		First Name		
Address		City/State/Province		Zip/Postal Code
Email		Telephone		Fax

PATIENT INFORMATION

Last Name		First Name		
Address		City/State/Province		Zip/Postal Code
Email		Telephone		Fax

☐ Patient declines the release of their patient specific information*

II. COMPLETE ONLY FOR NEW DEVICES OPENED AND DISCARDED/DESTROYED

SN		Disposal Date (mm/dd/yy)	
REF		Reasons/Comments	

III. COMPLETE ONLY IF MOTIVA IMPLANTS WERE REMOVED

EXPLANTED DEVICE INFORMATION

Date of explant (mm/dd/yy)		Device to be returned?	Reconstruction	☐	Augmentation	☐
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LEFT

SN (Left)		Unknown	☐
REF (Left)		Unknown	☐
Reason for left removal			

Did the device cause or contribute to the reason for removal? Yes ☐ No ☐

If no, please provide the cause

Original implant date (mm/dd/yy)		Unknown	☐
Original implanting physician		Unknown	☐

RIGHT

SN (Right)		Unknown	☐
REF (Right)		Unknown	☐
Reason for left removal			

Did the device cause or contribute to the reason for removal? Yes ☐ No ☐

If no, please provide the cause

Original implant date (mm/dd/yy)		Unknown	☐
Original implanting physician		Unknown	☐

For questions regarding device tracking, please contact us at 1 (800) 924-5072.

Options to submit the Device Tracking Form electronically:
Option 1: Scan the QR code below or go to www.motivausa.com/instructions
Option 2: Email it to uspms@motivausa.com

