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PATIENT CARD

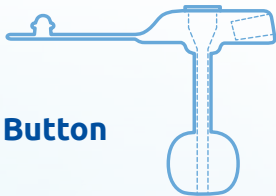
danuButton® Gastrostomy Button



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danuButton® Gastrostomy Button



Button Size _____ CH/FR

Stoma Length _____ cm

Balloon Fill Volume _____ ml

danuButton® device sticker

Company

Product Code

LOT number

Please keep this card in a safe place!

Name

Date of birth

Address

Address

Health Care Provider

Button Placement Date

Stamp/Signature of Health Care Provider: