



# Patient Implant Card

## Print Information

Print true to size (100% scale)  
with minimal margins

### Step 1

Cut along solid line

### Step 2

Fold paper horizontally

1



2

GMPID06 Rev A

This person has the medical device(s) listed on the other side of this card and can safely undergo an MR exam only under very specific conditions. Scanning under different conditions may result in severe injury or device malfunction. Full MRI safety information is available in the MRI Safety Information section of the Product Insert, which can be obtained at [globusmedical.com/eIFU](http://globusmedical.com/eIFU) or by calling 1-866-GLOBUS1 (or 1-866-456-2871).

Place patient label here

**Patient Implant Card with MR Safety Information**

Device Name: **ADIRA™ Lateral Plate**

Patient Name: \_\_\_\_\_

Surgeon Name: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

**MR Conditional Device**

**Attention:** This card is an important document. Please keep it safe and bring it along to your follow-up examinations.

**Globus Medical, Inc.**  
2560 General Armistead Ave.  
Audubon, PA 19403  
[globusmedical.com](http://globusmedical.com)