	<b>MEDIIX Kft.</b> H-3324 Felsőtárkány, 2473 Hrsz.	<b>PMCF-T-MR eng v01</b>
<b>Released:</b> <b>2016.01.01.</b>	<b>Mediox Devices Medical Record</b> <b>Trauma</b>	<b>Page:3/1</b>

**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-T-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>Related scores<sup>2</sup>:</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>Related 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>Related 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>Related scores:</i>	<i>VAS score:</i>	<i>Signature:</i>
<i>Evaluation:</i>			
<i>Complications and any other adverse event:</i>			

Date of closing:

\_\_\_\_\_

Signature:

<sup>2</sup> See the PMCF-T-INFO for evaluation score description