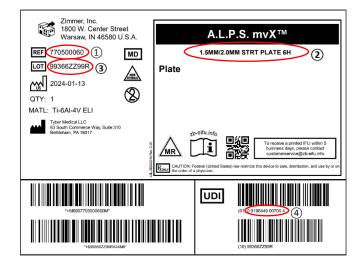


Directions for Completion by Healthcare Provider/Institution:

- 1. **Front** side to be completed with information relating to the patient and procedure that was performed (symbol meanings are explained in Label Symbol table in IFU)
- 2. **Back** side to be completed with information from the product label of the implant. See image below for location of fields on label (circled in red).

Product Label Implant Card (Back)



DI O O Tyber Medical LLC 83 South Commerce Way, Suite 310, Bethlehern, PA 18017 www.tybermedical.com BL-ZB202405 Rev. A-01