

DEVICE ORDER FORM

Ordering Information

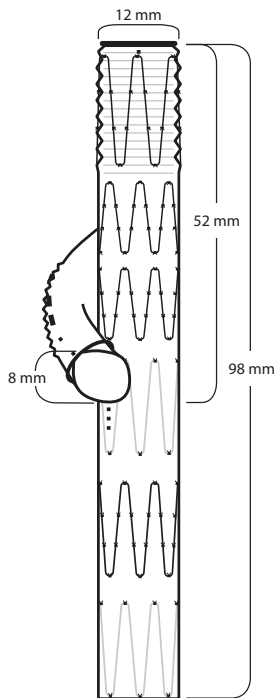
FAX COMPLETED FORMS TO: COOK AORTIC INTERVENTION PRODUCTS (EUROPE) +45 56 86 85 28

Hospital _____

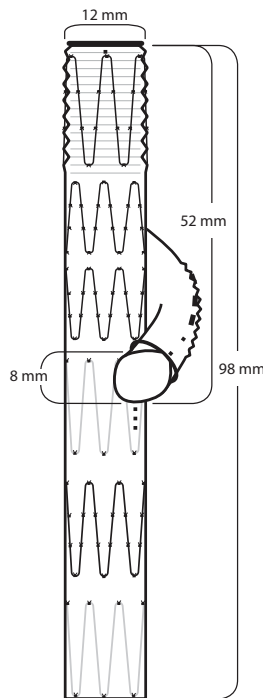
Physician Name _____ P.O. # _____

Contact Name _____ Phone # _____

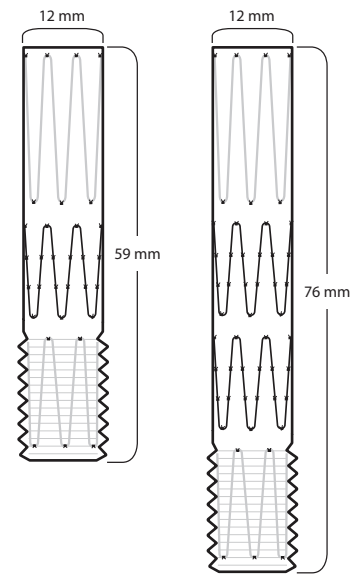
Left-handed Helical Sweep



Right-handed Helical Sweep



Crimped Leg Extensions



Order Number

ZHIS-8-L

Order Number

ZHIS-8-R

Order Number

ZCLE-12-59

ZCLE-12-76

Helical Branch Endovascular Graft

ZHIS - -

Sidebranch Diameter Direction of Helical Sweep

Crimped Leg Extension

ZCLE - -

Lumen Diameter Graft Length