

Patient Acknowledgement Form

Oticon Medical – Recall of non-Implanted EVO and CLA Implants

Medsafe Reference Number: #28493

Product Name: Neuro Zti Evo and Cla Implants

Neuro Zti Evo - 170228-WAND-6NPIUF - Cat number - M80185;
SN – From and above NZB04074

Neuro Zti Cla - 170217-WAND-6NN3Z2 - Cat number - M80184;
SN – From and above NZA02454

I acknowledge receipt of the ‘Oticon Medical Recall Action Letter’ with notice date 21/10/2021 relating to the above products.

FROM:

Name: _____

Email: _____

Phone: _____

Date: _____

Signature: _____

Return completed form by email or post to:

Name: Stacey Butler

Position: Sales & Clinical Manager NZ

Organisation: Audmet NZ Limited T/A Oticon Medical NZ

Address: 7th Floor, 142 Lambton Quay, Wellington, New Zealand

Email: info@oticonmedical.co.nz

Subject of email: Oticon Medical – Recall of non-implanted EVO and CLA Implants
of Neuro Zti Evo and Neuro Zti Cla.

Phone: 0800 864 795