DEVICE PLANNING AND REQUEST WORKSHEET

ALL information must be completed.

NOTE: This form requires a pdf viewer that enables javascript.
- DO use Adobe Reader or Acrobat on Windows or Mac desktop/laptop computers.
- DO download the free PDF Expert app if using Apple mobile devices.
- DO NOT use a web browser or Android mobile devices.

Date:

Patient ID: _____

Secondary ID: _____
(DoB, Hospital number, etc.)

Physician name: _____

Hospital: _____

Physician phone: _____

Cook representative: _____

Physician e-mail: _____

Primary disease treated:

Proposed proximal landing zone:

Type of device required:

Proposed distal landing zone:

Fixation:

Features:

Target vessel and feature information:
(E.g., vessels to be preserved, vessel and feature preferences, etc.)

Additional information:
(E.g., relevant clinical history, additional surgery/workarounds (conduit), other device preferences, existing endografts, etc.)

Drawing/diagram

Form submission

APAC	AMER	EMEA
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In order to provide the services requested by you for your patient, Cook requires certain minimum personal data of the physician and the patient be made available to it. By submitting this form, you acknowledge that, as data controller of your patient's personal data, you have provided the appropriate notices to your patient and have an appropriate lawful basis for sharing this information with Cook. For further information on how Cook collects and processes personal data of HCPs/Customers and/or patients, please contact your Cook representative or DataProtectionEurope@Cookmedical.com.