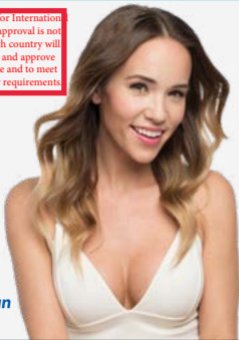


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My Natrelle[®] *implant information*

Surgery date: _____

Surgeon: _____

L

R

SN: _____

SN: _____

SIZE: _____

SIZE: _____

REF: _____

REF: _____

INT/0195/2019a Date of preparation: May 2019



Please populate trademark statements locally.

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