Advanced Bionics,® LLC

HiRes 90K®
OPERATIVE REPORT

Report Date ☐☐ ☐☐ ☐☐☐☐
Month Day Year

Patient Information

Surgery Date ☐☐ ☐☐ ☐☐☐☐
Month Day Year

Ear Implanted ☐ Right ear ☐ Left ear

Gender ☐ Male ☐ Female **SS# (US)** ☐☐☐-☐☐-☐☐☐☐ **N/A** ☐

ID#(non-US) _____

Patient/ID _____
Last Name First Name Middle

Address _____

City _____ **State/Prov** _____ **Country** _____

Phone (_____) _____

Date of Birth ☐☐ ☐☐ ☐☐☐☐
Month Day Year

Center Information

Center _____

City _____ **State/Prov** _____ **Country** _____

Surgeon _____ **Principal Investigator** _____
(If participating in a study)

Phone (_____) _____

Device Information

ICS Model Number Place Device Label _____

ICS Serial Number _____
Here

Surgical Information

Surgical technique used:
☐ Minimal access (incision) (< 6 cm)
☐ Traditional postauricular incision

Secured to bone? ☐ Yes ☐ No

Drilled to depth of recess gauge?: ☐ Yes ☐ No
If no, please estimate depth of recess: _____mm

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Electrode Insertion

HiFocus Electrode

Final number of stimulating electrodes inserted ☐ All (16 electrodes) ☐ Other _____

If less than 16 electrodes inserted, explain:

- ☐ cochlear ossification
- ☐ cochlear anatomy
- ☐ malformed/mondini malformation
- ☐ other (describe)_____

Complications and/or Anomalies

Complications/and or Anomalies during surgery? ☐ Yes ☐ No

(e.g., tympanic membrane perforation, facial nerve injury, ossified basal scala, total cochlear ossification, patient medically unstable, device malfunction, Mondini/common cavity, etc.)

Device Related? ☐ Yes ☐ No

If yes to either question above, please explain _____

_____

_____

Please describe below any additional procedures required due to complications

_____

_____

_____

Notes: If a study patient, complete and submit an Adverse Event form and mail to Advanced Bionics Regulatory Affairs, the IRB/Ethic's Committee, and the Clinical Specialist, within 10 days of occurrence.

For European Union and other countries where required by law.:

☐ I hereby acknowledge and represent having duly obtained the patient's prior consent to collect and process his/her personal data including health-related data, as far as is necessary for technical service and support of the patient's cochlear implant, and in particular to communicate such personal data to Advanced Bionics for medical follow-up purposes. Patient's personal data will not be forwarded to other parties.

Surgeon

_____

☐☐ ☐☐ ☐☐☐☐

Month Day Year

Principal Investigator *(If participating in a study)*

_____

☐☐ ☐☐ ☐☐☐☐

Month Day Year