

Patient Name / ID: _____

Hospital: _____

Date of Case: _____

Physician: _____

RIGHT **R**

LEFT **L**

AORTIC EXTENDER **R**



AORTIC EXTENDER **L**



TRUNK-IPSILATERAL LEG **R**



TRUNK-IPSILATERAL LEG **L**



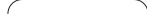
ILIAC BRANCH COMPONENT **R**
COMMON ILIAC ARTERY



CONTRALATERAL LEG* **R**



CONTRALATERAL LEG* **L**



ILIAC BRANCH COMPONENT **L**
COMMON ILIAC ARTERY



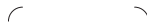
ILIAC EXTENDER **R**
EXTERNAL ILIAC ARTERY



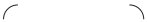
ILIAC EXTENDER **R**



ILIAC EXTENDER **L**



ILIAC EXTENDER **L**
EXTERNAL ILIAC ARTERY



INTERNAL ILIAC COMPONENT **R**



INTERNAL ILIAC COMPONENT **L**

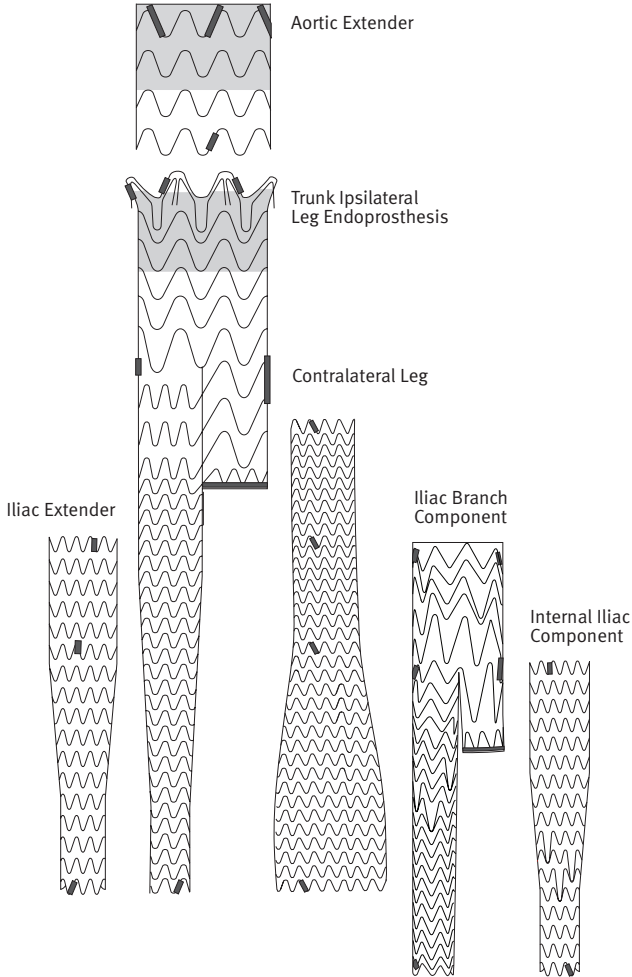


* When the GORE® EXCLUDER® Iliac Branch Endoprosthesis is used, 23 mm or 27 mm Contralateral Legs are used as bridging components.

Gore Associate: _____

Phone: _____ Email: _____

PROCEDURE NOTES:



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