

# Hybrid AF™ Therapy Patient Card

## INSTRUCTIONS FOR COMPLETION

FILL OUT THE ATTACHED CARD FOR THE PATIENT



NAME OF THE PATIENT OR PATIENT ID.

To be filled by the healthcare institution/provider.



DATE OF PROCEDURE

To be filled by the healthcare institution/provider.



NAME AND ADDRESS OF HEALTHCARE  
INSTITUTION/PROVIDER

To be filled by the healthcare institution/provider.

NAME (EP OR CS)

PHONE (BUSINESS HOURS)

PHONE (AFTER HOURS)

## TEAR HERE FOR PATIENT CARD

AtriCure

Hybrid AF Treatment



[www.atricure.com/safetyinformation](http://www.atricure.com/safetyinformation)

## HYBRID AF TREATMENT INFORMATION

The following is information for your post-procedure care.

Occasionally, patients may notice the following symptoms associated with a minimally invasive surgical ablation in the first few months after the procedure. These symptoms most often occur 2 – 3 weeks post-procedure:

- Shortness of breath that may be worse when you lay down
- Chest fullness or pressure
- Nausea
- Abdominal fullness
- Difficulty swallowing

If you experience these symptoms, please contact your physician team or seek medical attention at the nearest hospital.

If you go to another doctor or hospital, please have them contact your physician team to discuss treatment guidelines.






### IF YOU HAVE ANY OF THESE:

- ***Nausea***
- ***Shortness of Breath***
- ***Abdominal Fullness***
- ***Chest Fullness or Pressure***
- ***Difficulty Swallowing***

1. Seek medical attention

2. Contact 

## EXPLANATION OF SYMBOLS

	Patient Name or patient ID
	Date of Procedure
	Name and Address of the healthcare institution/ provider
	Information website for patients
	Manufacturer

 Atricle Inc.  
7555 Innovation Way  
Mason, Ohio 45040 USA  
+1 866 349 2342  
+1 513 755 4100

# Atricle