

more[®] Promise

MoRe[®] Rod Lifetime Limited Warranty Claim Form

This form is to be completed by the original purchaser and must be received by MiRus should the implant covered in the Limited Warranty require replacement as outlined in the warranty. The form must be completed and received at least **one month before the scheduled revision surgery** takes place in order for the Limited Warranty to be effective. For additional questions or inquires on the Limited Warranty and how to complete this form, please e-mail MoRerodwarranty@mirusmed.com or visit our website at <https://mirusmed.com/more-promise>

CASE DETAILS

Patient Name: _____ DOB: __/__/____

MoRe[®] Rod Lot # _____ Lot # _____ Lot # _____ Lot # _____

	Month (mm)	Day (dd)	Year(yyyy)
Initial			
Surgery Date:	_____		
Surgeon Name:	_____		
Revision			
Surgery Date:	_____		
Surgeon Name:	_____		

DIAGNOSTIC IMAGE REQUIREMENT
 Attain the following diagnostic images from your healthcare provider and submit the images along with the Claim Form

Requirements:
 At least one Anteroposterior X-Ray and one Lateral X-Ray which include:

- The affected (broken) MoRe rod implant(s)
- Uninterrupted scan image from Thoracic 1 (T1) to the femoral heads
- Date that the diagnostic images were obtained

SURGEON VALIDATION

By signing below, you confirm that the implanted MoRe[®] Rod has broken (i.e. fractured) and that the diagnostic images and information provided for the Warranty Claim are accurate and agree to the terms and conditions of the Limited Warranty.

Surgeon Name: _____

Surgeon Hospital or Surgical Center: _____

Phone: _____ Email: _____

Surgeon Signature: _____ Date: _____

RETURN INFORMATION

Thank you for completing the Claim Form. Please mail or e-mail the completed form and required diagnostic images, as outlined in the Claim Form above, to:

mail: MiRus
 MoRe Rod Lifetime Warranty Program
 1755 W. Oak Parkway Suite 100
 Marietta, Georgia 30062

e-mail: MoRerodwarranty@mirusmed.com