



Adverse effect report Form

Complication detailed description: _____

Date of complication: _____ Days after implantation: _____

Date of implantation: _____

Type of indication for use: _____

Medical facility: _____

Severity of complication: Low Medium High

Drugs/antibiotics administered to patient (name | dosage | duration): _____

Invasive procedures/treatments performed: _____

Treatment duration: _____

Comments: _____

Submitter's details

Name: _____ Date: _____

Medical qualification: _____

Medical facility address: _____

This form is to be printed, filled by medical professional and submitted to the following email:
safety@aquacore.org

Please add any relevant medical records, pictures, files, test results as attachments to this form.