Probuphine REMS Program Procedure Record for Recertification

This is an optional tool for use by healthcare providers who perform Probuphine surgical procedures to document the procedures you have completed. It may be provided to the Probuphine REMS Program (if audited) regarding your recertification information**.** Additional copies of the form may be found on www.PROBUPHINEREMS.com.

Name of healthcare provider who inserted/removed: _____

Location (practice name/address) of insertion/removal procedures:

_____

_____

Date	**Insertion or Removal** (note which one)	**Kit Serial Number*** (if this was an insertion)

(Add lines above if needed)

*Note: The serial number may be found on the lower back left corner on the original kit that contained the implants or on the patient's ***Probuphine REMS Program Insertion/Removal Log***, where this was also recorded.

ATTESTATION

"I attest that the insertion/removal procedures noted above were successful. "Successful" insertion and removal procedures exclude attempted procedures that require assistance of other surgical specialties for completion. Removal procedures assisted by imaging studies prior to completion can be included, provided that the healthcare provider successfully removes all implants identified by imaging without involving additional surgical consultants.

_____ _____

Signature of Healthcare Provider Date