Medtronic
Medical Surgical
Surgical
60 Middletown Avenue
North Haven, CT 06473
www.medtronic.com

Customer Confirmation Form

URGENT: MEDICAL DEVICE RECALL

Progrip™ Self-Gripping Polyester Mesh

Wrong Product in Packaging

November 2024

Account Name:

Account Number:

Account Address:

City, State, Postal Code:

For completion by Medtronic Customers Only – Please complete all fields below and return immediately

By signing this form I confirm that I have read the Progrip™ Self-Gripping Polyester Mesh Removal notification letter, dated November 2024, from Medtronic regarding and taken appropriate action.

Return Instructions:

Product purchased directly from Medtronic please contact: connect.medtronic.com or rs.covidienfeedbackcustomerservice@medtronic.com.

Please complete and sign the form as indicated below and email to rs.gmbmitgfca@medtronic.com. For questions, contact your Medtronic Field Representative.

Customer Name (Print): _____ Date: _____

(First Name, Last Name)

Customer Title (Print): _____

Customer Signature (ink): _____

Telephone: _____ Email: _____

For questions, contact your Medtronic Field Representative.

Note: The Address may continue to receive reminders of this notice until a response is received.