Front	Smith+Nephew  **Conditional Implant Card** Patient Name: _____ Date of Implantation: _____ HealthCare Institution Name/Address: _____ _____ _____
Back	**This person is implanted with a LEOS Plate/Screw and can safely undergo an MR exam only under very specific conditions. Scanning under different conditions may result in injury. Full MRI safety information is available in the MRI Safety Information section of the Instructions for Use (IFU), which can be obtained at https://leos-eifu.info/ or by contacting customerservice@LEOS-eifu.info.** **LBL-SN202301 REV A-01**