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# PATIENT CARD

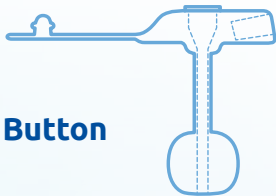
danuButton® Gastrostomy Button



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# danuButton® Gastrostomy Button



Button Size \_\_\_\_\_ CH/FR

Stoma Length \_\_\_\_\_ cm

Balloon Fill Volume \_\_\_\_\_ ml

danuButton® device sticker

\_\_\_\_\_  
Company

\_\_\_\_\_  
Product Code

\_\_\_\_\_  
LOT number

**Please keep this card in a safe place!**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Health Care Provider

\_\_\_\_\_  
Button Placement Date

Stamp/Signature of Health Care Provider: