

Learn  
about our

PATIENTSAFE COVERAGE

*Limited Warranty*

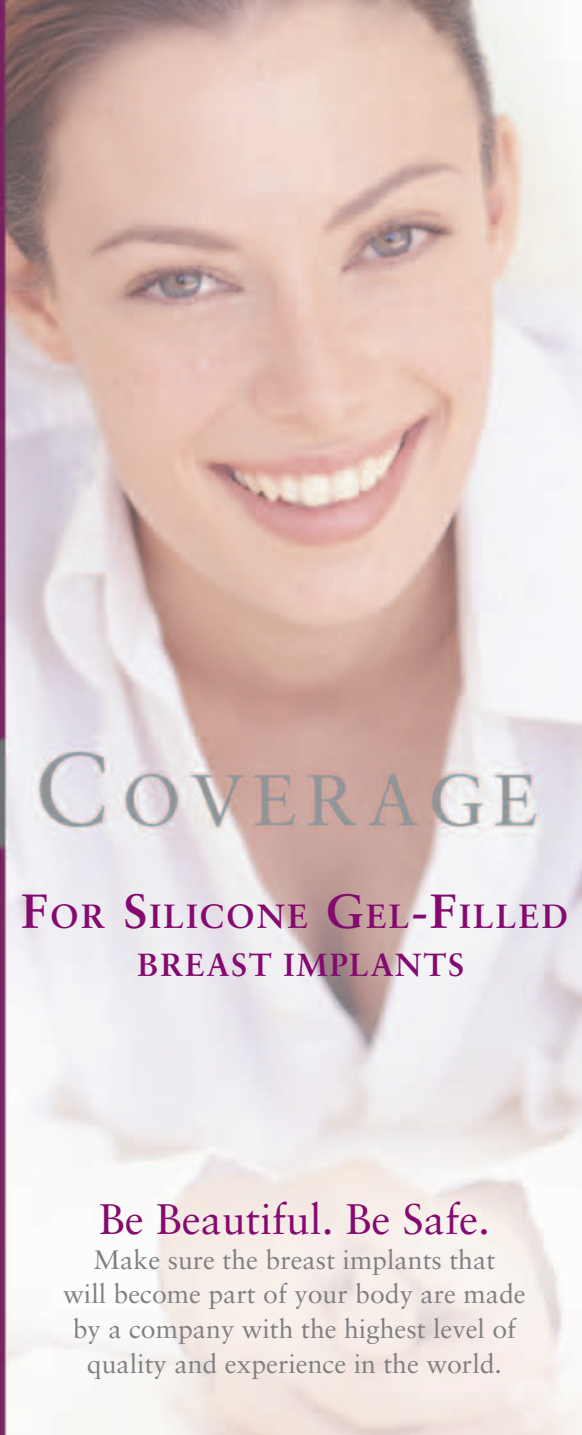
FOR SILICONE GEL-FILLED  
BREAST IMPLANTS

For peace of mind.

**Be Beautiful. Be Safe.**

Make sure the breast implants that will become part of your body are made by a company with the highest level of quality and experience in the world.

Choose well. Choose wisely.  
Choose Mentor.





# COVERAGE

**FOR SILICONE GEL-FILLED  
BREAST IMPLANTS**



the power to transform™



# MENTOR

## A Personal Commitment to Your Well-Being.

Thank you for selecting Mentor silicone gel-filled breast implants. Our relationship with you doesn't end with your surgery. We make a long-term commitment to our patients and we stand behind the integrity of our products. All Mentor silicone gel-filled breast implants come with a Lifetime Product Replacement Policy<sup>1</sup> at no additional charge. Also, once you receive Mentor silicone gel-filled breast implants, you are automatically enrolled in the Mentor *PatientSafe Coverage*.

### Lifetime Product Replacement Policy

- Automatically applies to all recipients of Mentor breast implant products.
- Provides that regardless of the age of the implant, when confirmed rupture occurs, you are eligible for a no-charge replacement breast implant product of any size in a similar style.

### Additional Benefits with PatientSafe Coverage

The Mentor *PatientSafe Coverage* is **free of charge** to all patients who are implanted with Mentor silicone gel-filled breast implant products.

- Automatic enrollment
- Lifetime product replacement policy<sup>1</sup>
- 10 years, €1000 (£700) financial assistance for operating room, anesthesia, and surgical charges not covered by insurance<sup>2</sup>

<sup>1</sup> Lifetime Product Replacement Policy: Mentor will provide replacement Mentor product of any size in the same or similar style as the originally implanted product free of charge for the lifetime of the patient. Upon surgeon's request, a different implant style may be selected (subject to a charge of the difference between product list prices).

<sup>2</sup> Operating room and anesthesia charges to be given payment priority. In order to qualify for financial assistance, you will need to sign a Release form. Financial assistance does not imply a loan to the patient.

### Products Covered

The Mentor *PatientSafe Coverage* applies only to Mentor silicone gel-filled breast implants that are implanted in Australia, Benelux, Denmark, France, Germany, Italy, Spain, Sweden and the UK after October 1, 2005, provided implants have been:

- Implanted in accordance with the Mentor package insert, current to the date of implantation, and other notifications or instructions published by Mentor
- Used by appropriately qualified, licensed surgeons, in accordance with accepted surgical procedures

### Events Covered

The Mentor *PatientSafe Coverage* applies to the following:

- Cases of loss of shell integrity resulting in implant rupture that require surgical intervention

Mentor reserves the right to determine if specific, additional events should be covered.

### Events Not Covered

The Mentor *PatientSafe Coverage* does not apply to the following:

- Removal of intact implants due to capsular contracture, wrinkling, or rippling
- Loss of implant shell integrity resulting from reoperative procedures, open capsulotomy, or closed compression capsulotomy procedures
- Removal of intact implants for size alteration
- Surgery on the opposite breast to replace an intact implant

## Filing for Financial Assistance

To file a Mentor **PatientSafe Coverage** claim for product replacement and/or financial assistance, the surgeon must contact the local Mentor representative prior to replacement surgery.

For financial assistance claims, a patient-specific release form will be generated that the patient must sign and return.

For either replacement or financial assistance claims, the surgeon must send the explanted, decontaminated Mentor breast implant(s) within three months of the date of explantation to the local Mentor representative who will forward it to the appropriate Mentor Product Evaluation Department.

Upon receipt, review, and approval of the completed claim, including receipt of the explanted product and patient completion of a full general release, financial assistance will be issued.

This is a summary of Mentor's **PatientSafe Coverage**. It is an overview only and not a complete statement of the program. You may obtain a copy of the complete Mentor **PatientSafe Coverage** by writing or calling the local Mentor branch (see backside of brochure for contact information).

You may also obtain a copy of the complete Mentor **PatientSafe Coverage** limited warranty from your physician or by going to [www.mentorcorp.com](http://www.mentorcorp.com).

Mentor reserves the right to cancel, change, or modify the terms of the Mentor **PatientSafe Coverage**. Any such cancellation, change, or modification will **not** affect the currently stated terms of the Mentor **PatientSafe Coverage** for those already enrolled.

This brochure provides an overview of The Mentor **PatientSafe Coverage** Limited Warranty for silicone gel-filled breast implants. However, it is not intended to replace any discussion between you and your surgeon.



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THE TERMS IN EFFECT WHEN ORIGINAL IMPLANTATION OCCURS WILL APPLY AT THE TIME OF CLAIM.

# PATIENT'S SAFE COVERAGE

Certificate for Mentor Silicone Gel-filled Breast Implants.

Thank you for selecting our implant products. This certifies that Mentor Corporation will provide a replacement, free of charge, of any Mentor silicone gel-filled breast implant that is removed due to loss of shell integrity resulting in implant rupture during your lifetime. In addition – for duration of 10 years from date of implantation – we are guaranteeing financial assistance of up to €1000 (£700) for operating room, anesthesia, and surgical charges not covered by insurance.

*PatientSafe Coverage is subject to the terms and conditions outlined in the complete Mentor PatientSafe Coverage limited warranty.*

Surgeon Name and Address \_\_\_\_\_

Surgeon Signature \_\_\_\_\_

Date of Surgery \_\_\_\_\_

Mentor Implant Style and Size Used \_\_\_\_\_

Lot # \_\_\_\_\_ Serial # \_\_\_\_\_

*After your surgery, obtain above information from your surgeon and keep this document for your personal records.*

# PatientSafe Coverage. Reassurance that lasts.

- ✓ Automatic enrollment
- ✓ Free of charge
- ✓ Lifetime product replacement
- ✓ 10 years of financial assistance from the date of implant up to €1000 (£700)

*See important details inside*

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