

[PHYSICIAN'S LETTERHEAD]

[DATE]

[DR. NAME]

[CENTER]

[ADDRESS]

[CITY, STATE ZIP]

Dear Dr. [NAME]:

As a [CARDIOLOGIST OR INSERT OTHER PHYSICIAN SPECIALTY], you likely see patients on a regular basis who suffer from atrial fibrillation and, consequently, are at increased risk for stroke. As you know, the most common treatment for stroke risk reduction in patients with AF is blood-thinning warfarin therapy. However, despite its proven efficacy, long-term warfarin therapy is not well-tolerated by some patients and carries a significant risk for bleeding complications.

A percutaneous procedure has recently been approved in the US that provides an implant-based option for patients who need protection from non-valvular AF-related stroke. This procedure, known as Left Atrial Appendage Closure (LAAC), may eliminate the need for long-term warfarin therapy for appropriately selected patients.

Patients with AF are at a significantly greater risk of having a stroke due to migration of clots that may form in the left atrial appendage (LAA). By securely closing off the LAA using a WATCHMAN™ LAAC Device, the risk of stroke may be reduced and, over time, patients may be able to stop taking anticoagulants. The WATCHMAN implant procedure is performed under general anesthesia in a catheterization laboratory setting using a standard transseptal technique. The procedure usually lasts about an hour and the patient is typically in the hospital for 24 hours following the procedure. The patient's cardiologist continues to monitor their atrial fibrillation on an ongoing basis. The WATCHMAN Device is FDA approved and is registered in 75 countries, with over 50,000 implants performed worldwide.

It is my hope that as you evaluate patients in your daily practice, you consider referring patients who may be candidates for this procedure. The WATCHMAN Device is indicated to reduce the risk of thromboembolism from the left atrial appendage in patients with non-valvular atrial fibrillation who:

- Are at increased risk for stroke and systemic embolism based on CHADS<sub>2</sub> or CHA<sub>2</sub>DS<sub>2</sub>-VASc scores and are recommended for anticoagulation therapy;
- Are deemed by their physicians to be suitable for warfarin; and
- Have an appropriate rationale to seek a non-pharmacologic alternative to warfarin, taking into account the safety and effectiveness of the device compared to warfarin.

If you have any questions, would like to learn more about this procedure at a [LUNCH/DINNER] presentation, or would like to discuss a specific case, please contact me directly at [INSERT PHONE OR EMAIL]. I look forward to working with you to offer an option for patients with non-valvular atrial fibrillation who are seeking an alternative to long-term warfarin therapy.

Sincerely,

[DOCTOR NAME]

[TITLE]

[INSTITUTION]