

One Time. For a Lifetime.

WATCHMAN is a one-time, minimally invasive procedure for people with non-valvular AFib who need an alternative to blood thinners.



Learn more at
WATCHMAN.com

WATCHMAN[™]
LEFT ATRIAL APPENDAGE CLOSURE IMPLANT

**Boston
Scientific**
Advancing science for life[™]





WATCHMAN™ CARE CARD

Welcome to the possibility of life without blood thinners.

We're here to help.

This support program provided by Boston Scientific is dedicated to ensuring you have the information needed to help take the next step toward reducing your risk of stroke without the worry of blood thinners.

The Boston Scientific CARE Team consists of trained professionals with healthcare experience that can answer your questions and chat about your treatment options.



Connect with the WATCHMAN CARE Team at 1-855-637-9423.

Monday through Friday, 8 a.m. to 5 p.m. Central Time.

DETACH HERE

Wondering if WATCHMAN is right for you?

Everyone's health journey is different – whether you're exploring your treatment options or ready to talk to your doctor about WATCHMAN, we want to make sure we're providing you with the most helpful information possible.

For us to do that, we'd love to learn more about you.

Introduce yourself below, detach this card, drop it in the mail and a CARE Team member will get in touch with you.

Name: _____ Birth Date: / /
MM/DD/YYYY

Email: _____ Phone: () -

Zip Code: _____ Gender: Male Female

Now, tell us a bit about your health journey.

Have you been diagnosed with Atrial Fibrillation (AFib) not caused by a heart valve problem?

Yes No

Are you on blood thinning medication or have blood thinners been recommended to manage your AFib Stroke Risk? *Aspirin does not qualify as a blood thinner.*

Yes No

Do you have (or have you had) any of the following conditions? *Select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dementia or Alzheimer's |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Stroke or Mini-Stroke or Thromboembolism |
| <input type="checkbox"/> Hypertension (<i>Elevated blood pressure</i>) | <input type="checkbox"/> Need for prolonged dual antiplatelet therapy |
| <input type="checkbox"/> Vascular Disease | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Cancer | |
| <input type="checkbox"/> Abnormal liver or kidney function/failure | |

Select any of the following you have experienced while on or due to blood thinners:

- | | |
|--|---|
| <input type="checkbox"/> A history or elevated risk of falls | <input type="checkbox"/> Challenges staying within blood clotting range |
| <input type="checkbox"/> Lifestyle trade-offs due to blood thinners | <input type="checkbox"/> Remembering to take medications regularly |
| <input type="checkbox"/> Major bleeding (<i>example: GI bleeding</i>) | <input type="checkbox"/> Other (<i>please describe</i>) |
| <input type="checkbox"/> Minor bleeding (<i>examples: frequent nose bleeds or bruising easily</i>) | |
| <input type="checkbox"/> Dealing with side effects due to medications | _____ |

ADHESIVE GOES HERE

You are not alone.

150k

PEOPLE LIKE YOU
HAVE ALREADY RECEIVED WATCHMAN

**Could WATCHMAN make
a difference in your life?**

Let's talk about it.

Source Information: *Internal Use Only*

WATCHMAN Representative Name:

Physician Speaker:

Seminar Implanter Office

Referring Office Other _____

Date: _____

City: _____

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WATCHMAN CARE TEAM
1111 E SOUTH RIVER ST
APPLETON WI 54915-9900

