[PHYSICIAN’S LETTERHEAD]

[DATE]

[DR. NAME]

[CENTER]
[ADDRESS]

[CITY, STATE ZIP]

Dear Dr. [NAME]:

[IF AUDIENCE IS CURRENTLY REFFERRING PHYSICIAN]

Thank you for referring your [TYPE OF e.g. CARDIAC] patients to me for [PROCEDURE TYPE].

[IF AUDIENCE IS POTENTIAL REFERRING PHYSICIAN AFTER EDUCATION PRESENTATION]

Thank you for attending our recent [LUNCH/DINNER] meeting focusing on left atrial appendage closure (LAAC). It was a pleasure meeting with you and sharing information on this therapy option as an alternative to long-term warfarin therapy.

As a [CARDIOLOGIST OR OTHER PHYSICIAN TYPE], you likely see patients on a regular basis that suffer from atrial fibrillation and 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.

I would like to invite you to visit my practice for a day to see an LAAC Device implantation procedure firsthand and to learn more about our patient management and follow-up care. The WATCHMAN™ LAAC Device provides an implant-based option for patients who need protection from non-valvular AF-related stroke. 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.

If a procedural observation day is of interest, please contact me at [(XXX)-XXX-XXXX] and we will arrange the event.

If you have any questions about left atrial appendage closure or would like to discuss a specific case, please contact me at the number above. I am excited to serve as a left atrial appendage closure resource for you and your patients.

Sincerely,

[DOCTOR NAME]

[TITLE]

[INSTITUTION]