[PHYSICIAN’S LETTERHEAD]

[DATE]

[DR. NAME]

[CENTER]
[ADDRESS]

[CITY, STATE ZIP]

Dear Dr. [NAME]:

Thank you for attending the recent left atrial appendage closure (LAAC) procedure on [DATE] at [INSTITUTION NAME]. It was a pleasure meeting with you and I hope that you found the case observation and discussion beneficial. The patients treated on that date have been discharged and are recovering as expected.

As we discussed, the WATCHMAN™ LAAC Device provides an implant-based option for patients who need protection from non-valvular AF-related stroke. Our center has had positive results in bringing this therapy to [X NUMBER] of patients in [REGION].

At least 45 days after the WATCHMAN Device implantation procedure, patients are scheduled for a follow-up visit with me. At this time, I assess whether a patient is able to stop taking warfarin. The patient’s cardiologist continues to monitor their atrial fibrillation on an ongoing basis.

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.

If you have questions or would like to discuss a case, please contact me at [(XXX) XXX-XXXX].

Sincerely,

[DOCTOR NAME]

[TITLE]

[INSTITUTION]