JULIET®Ti TL

TRANSFORAMINAL Ti CAGE

C O N T E N T

CONCEPT AND DESIGN

In 2006, to accompany the ROMEO® posterior fusion system, Spineart developed a range of interbody devices to achieve 360° fusion the JULIET® interbody system. Named after William Shakespeare's characters Romeo and Juliet, the two systems complement each other perfectly.

The JULIET® PO, JULIET® OL, JULIET® AN and JULIET® TL are designed to be used with the ROMEO®2 system for a reliable, efficient and easy-to-use platform. Building on the success and experience acquired with our PEEK range, Spineart has developed a new Titanium range, featuring the Ti-LIFE Technology, a porous, interconnected state-of-the-art structure replicating the architecture of trabecular bone. With each product we create, Spineart is relentlessly driven by the same philosophy: Quality, Innovation and Simplicity.

AT A GLANCE

Ti-LIFE Technology
Optimal Visualization
Easy & Secure Insertion
Multiaxial Holder

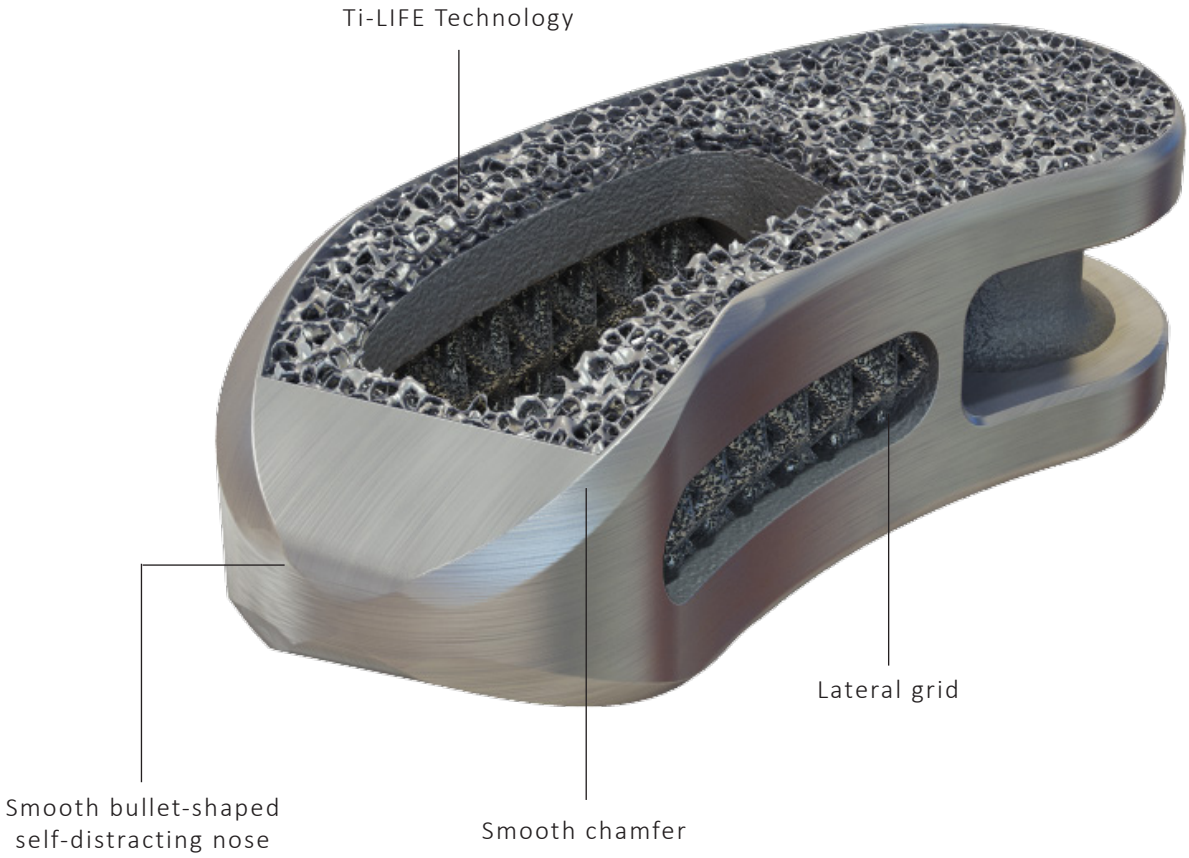
INDICATIONS

JULIET®Ti PO, OL & TL lumbar interbody devices are indicated for intervertebral body fusion procedures in skeletally mature patients with degenerative disc disease (DDD) of the lumbar spine at one or two contiguous levels from L2-S1.

DDD is defined as discogenic back pain with degeneration of the disc confirmed by patient history and radiographic studies. These DDD patients may also have up to Grade 1 spondylolisthesis or retrolisthesis at the involved level(s).

These spinal implants are to be used with autogenous bone graft and/or allogenic bone graft comprised of cancellous and/or corticocancellous bone graft. JULIET®Ti lumbar interbody devices are to be used with supplemental fixation that has been cleared for use in the lumbosacral spine. Patients should have at least six (6) months of non-operative treatment prior to treatment with an intervertebral cage.

IMPLANTS



REFERENCES
LORDOSIS 6°

HEIGHT	LENGTH	REFERENCE
H08	L30	JUT-T6 30 08-S
H09	L30	JUT-T6 30 09-S
H10	L30	JUT-T6 30 10-S
H11	L30	JUT-T6 30 11-S
H12	L30	JUT-T6 30 12-S
H13	L30	JUT-T6 30 13-S
H14	L30	JUT-T6 30 14-S

REFERENCES
LORDOSIS 6°

HEIGHT	LENGTH	REFERENCE
H08	L34	JUT-T6 34 08-S
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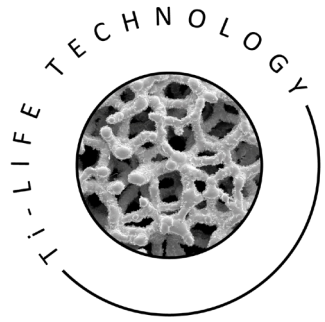
H10	L34	JUT-T6 34 10-S
H11	L34	JUT-T6 34 11-S
H12	L34	JUT-T6 34 12-S
H13	L34	JUT-T6 34 13-S
H14	L34	JUT-T6 34 14-S

TECHNICAL FEATURES

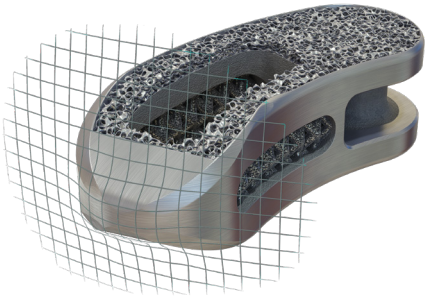
Ti-LIFE TECHNOLOGY



The structure mimics the architecture of trabecular bone and is designed to promote bone ingrowth. This technology is based on a proprietary algorithm combined with a unique additive manufacturing process commonly referred to as 3D printing.

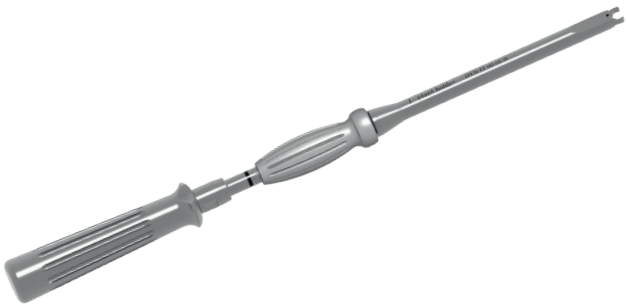
TECHNICAL FEATURES

EASY AND SECURE INSERTION



The cages feature a smooth bullet-shaped self-distracting nose and polished chamfer. This design allows for ease of insertion, enabling distraction of the intervertebral space while mitigating the risk of damaging the endplates, nerve roots and soft tissues.

MULTIAXIAL HOLDER



The implant holder's locking mechanism allows the users to change the direction of the device during implantation, ensuring precise anterior positioning of the cage in situ.

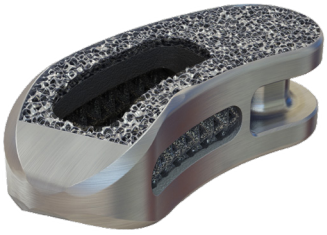
TECHNICAL FEATURES

OPTIMAL VISUALIZATION

Imaging on specimen

The JULIET®Ti is designed for reduced overall density to optimize imaging performances.

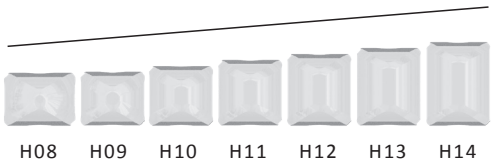
BONE GRAFT



The large windows allow for an extensive bone graft areas that the entire cage surface is available for bone fusion without compromising the mechanical properties of the cage.

TECHNICAL FEATURES

COMPLETE RANGE



The size range is available in two lengths, 30 and 34mm as well as in 1mm height increments, from H08 to H14, to suit different anatomies.

STREAMLINED AND COMPACT INSTRUMENTATION

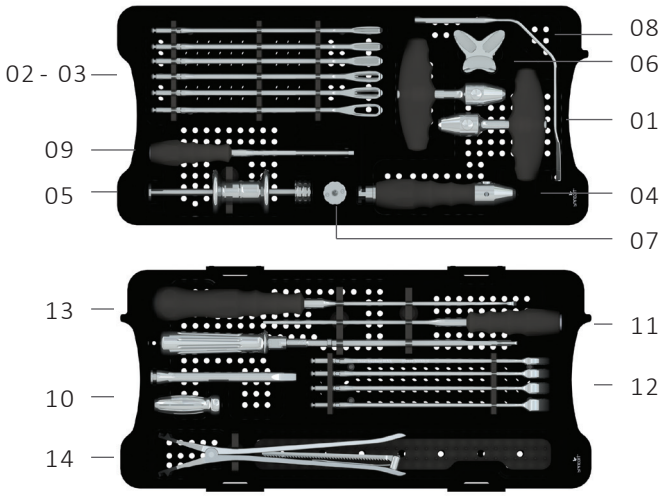
The Combo instrument set provides a complete, modular, compact solution.

INSTRUMENT SET

TLIF COMBO SET

PREPARATION TRAY

TLIF TRAY



UNIVERSAL CONTAINER

BASE	JUL-BX 10 01-N

PREPARATION TRAY

#	DESCRIPTION	REFERENCE
	UNIVERSAL INSERT	JUL-BX 10 02-N
	UNIVERSAL RACK	JUL-BX 10 05-N
01	T-HANDLE	HAN-SI MD TE-N
02	PADDLE DISTRACTOR	JUL-IN 00 05-N JUL-IN 00 06-N JUL-IN 00 07-N
03	DISC SHAVER	JUL-IN 01 07-N JUL-IN 00 08-N JUL-IN 00 09-N JUL-IN 00 10-N JUL-IN 00 11-N JUL-IN 00 12-N JUL-IN 00 13-N JUL-IN 00 14-N
04	MODULAR STRAIGHT HANDLE	HAN-SI SH ST-N
05	SLAP HAMMER	HAN-SS SH 01-N
06	COMPACTION BASE	JUT-IN 00 01-N
07	IMPACTOR CAP	HAN-SS SH 02-N
08	NERVE ROOT RETRACTOR	DYN-IP 00 05-N
09	COMPACTOR	JUL-IN 14 00-N

TLIF TRAY

#	DESCRIPTION	REFERENCE
	TLIF INSERT	JUL-BX 10 03-N
	TLIF RACK	JUL-BX 10 12-N
10	MULTIAXIAL IMPLANT HOLDER	DYN-IT 00 01-N
11	PUSHER	JUL-IN 17 00-N
12	TRIAL IMPLANT TI TL	JUT-IN 03 08-N JUT-IN 03 09-N JUT-IN 03 10-N JUT-IN 03 11-N JUT-IN 03 12-N JUT-IN 03 13-N JUT-IN 03 14-N
13	TRIAL IMPLANT TI TL SMOOTH	JUT-IN 05 08-N JUT-IN 05 09-N JUT-IN 05 10-N JUT-IN 05 11-N JUT-IN 05 12-N JUT-IN 05 13-N JUT-IN 05 14-N
14	CURETTE	JUL-IN 16 00-N
15	INTERLAMINA DISTRACTOR	DYN-IT 00 04-N

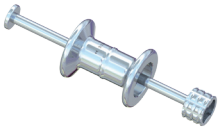
INSTRUMENTS

MULTIAXIAL IMPLANT HOLDER DYN-IT 00 01-N

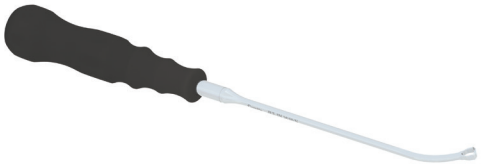
COMPACTOR JUL-IN 14 00-N

TRIAL IMPLANT TI TL JUT-IN 03 XX-N

SLAP HAMMER HAN-SS SH 01-N



CURETTE JUL-IN 16 00-N



NERVE ROOT RETRACTOR DYN-IP 00 05-N

MODULAR STRAIGHT HANDLE HAN-SI SH ST-N

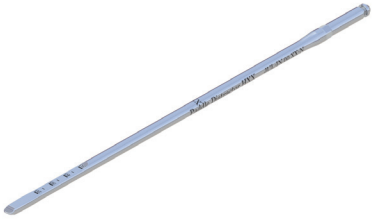
INTERLAMINA DISTRACTOR DYN-IT 00 04-N

INSTRUMENTS

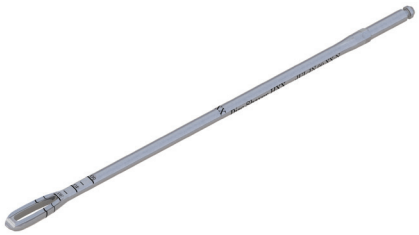
PUSHER	JUL-IN 17 00-N

T-HANDLE	HAN-SI MD TE-N

PADDLE DISTRACTOR	JUL-IN 00 0X-N



DISC SHAVER	JUL-IN 0X XX-N

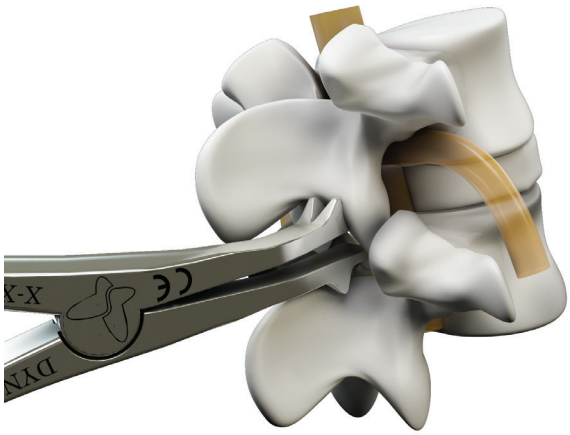


COMPACTION BASE	JUT-IN 00 01-N

IMPACTOR CAP	HAN-SS SH 02-N

SURGICAL TECHNIQUE

_STEP 1

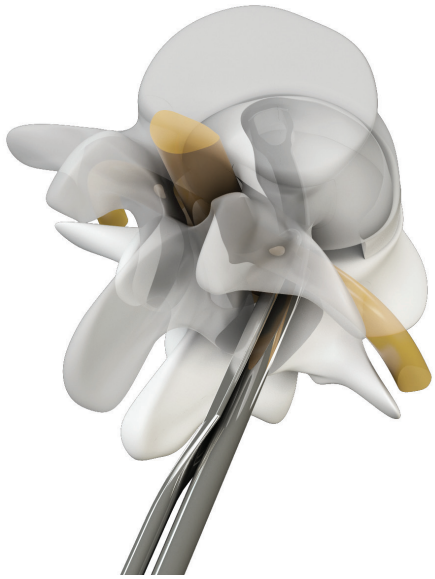


ARTHRECTOMY

Partially remove the facet joints (inferior articular facet of the upper vertebra, and superior facet of the lower vertebra).
Once the facet joints have been partially removed, the **Interlamina Distractor** can be placed to stabilize the treated segment.

INSTRUMENT	REFERENCE
INTERLAMINA DISTRACTOR	DYN-IT 00 04-N

_STEP 2



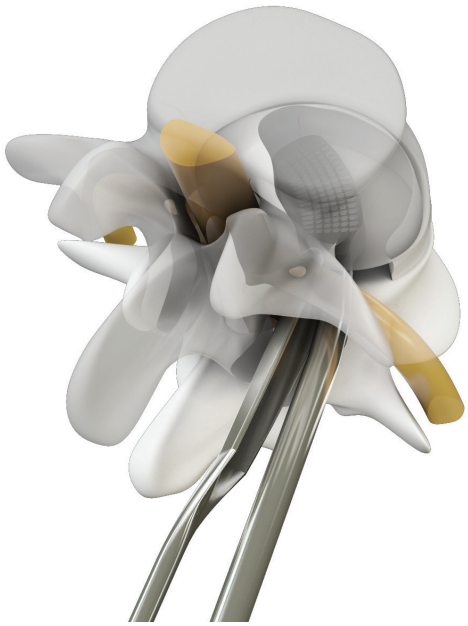
DISCECTOMY AND PREPARATION OF THE ENDPLATES

Once this approach has been made, distract the disc space with the **Paddle Distractors** previously assembled with the **Modular Straight Handle**, or the **T-Handle** for better rotation. Following distraction, start the discectomy while protecting the dura with the nerve root retractor. To ensure proper discectomy, scrape the endplates with both **Disc Shaver** previously assembled with the **Modular Straight Handle** or dedicated curette.

NOTE: To maximize the chances of fusion, it is recommended to completely remove the superficial layers of cartilage plate until bleeding occurs.

INSTRUMENT	REFERENCE
DISC SHAVER	JUL-IN 0X XX-N
PADDLE DISTRACTOR	JUL-IN 00 0X-N
NERVE ROOT RETRACTOR	DYN-IP 00 05-N
CURETTE	JUL-IN 16 00-N
MODULAR STRAIGHT HANDLE	HAN-SI SH ST-N
T-HANDLE	HAN-SI MD TE-N

_STEP 3



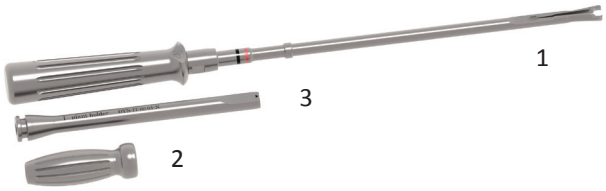
SELECTION OF THE CAGE SIZE

To determine the right cage size, dedicated **TL Implant Trials** must be used.
To insert the **Implant Trials**, connect the impactor cap to the **Modular Straight Handle** to gently hammer the assembly in.
Once satisfied with the trial size selected, carry out fluoroscopic checks to confirm correct sizing. Use the **Slap Hammer** to remove the **Implant Trial**.

NOTE: These **Implant Trials** can also be used to further rasp the endplates.

INSTRUMENT	REFERENCE
MODULAR STRAIGHT HANDLE	HAN-SI SH ST-N
NERVE ROOT RETRACTOR	DYN-IP 00 05-N
SLAP HAMMER	HAN-SS SH 01-N
TRIAL IMPLANT TI TL	JUT-IN 03 XX-N
TRIAL IMPLANT TI TL SMOOTH	JUT-IN 05 XX-N

_STEP 4



ASSEMBLY OF THE IMPLANT HOLDER

The **Multiaxial Implant Holder** consists of three parts: the axis, locking ring and tube.

To assemble the **Implant Holder**, put the locking ring (2) and the tube (3) together.

Insert the axis into the locking ring and tube thus assembled.

INSTRUMENT	REFERENCE
MULTIAXIAL IMPLANT HOLDER	DYN-IT 00 01-N

_STEP 5

Locked cage position

CAGE PREPARATION

Select the corresponding cage.

Connect the cage to the **Multiaxial Implant Holder**.
To lock the cage in place, twist the locking sleeve clockwise until the red line is visible and the cage is firmly attached.

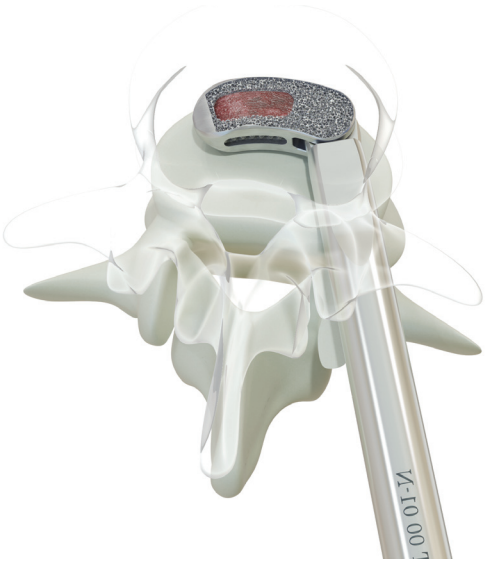
Position the cage on the **Compaction Base**. Fill it with bone graft or bone substitute.

Do not overtighten.

INSTRUMENT	REFERENCE
COMPACTION BASE	JUT-IN 00 01-N
MULTIAXIAL IMPLANT HOLDER	DYN-IT 00 01-N
COMPACTOR	JUL-IN 14 00-N

_STEP 6

Angulation position



INSERTION

Insert the cage in the disc space.
Once the cage is inserted, unscrew the locking sleeve up to but not beyond the black line.

The cage can then be angulated.

Verify the cage's positioning on AP and lateral views.
Release the implant by now loosening the locking sleeve beyond the black line and remove the **Multiaxial Implant Holder**.

Add bone graft around the implant. Remove the interlamina distractor.

NOTE: Implant the cage beyond the midline of the vertebral body. Remove all instruments. Perform a fluoroscopic control to make sure the implant is correctly positioned.

INSTRUMENT	REFERENCE
MULTIAXIAL IMPLANT HOLDER	DYN-IT 00 01-N
NERVE ROOT RETRACTOR	DYN-IP 00 05-N

SURGICAL TECHNIQUE

_FINAL CONSTRUCT

The JULIET®Ti TL cage should be used with a supplemental posterior fixation system, as described in the ROMEO®2, ROMEO®2 MIS, ROMEO®2 PAD surgical techniques, or else with an anterior fixation system.

Use the compression forceps to compress the construct if needed.

_IMPLANT REMOVAL

Connect the JULIET®Ti TL cage to the multiaxial implant holder.

Proceed with implant removal.

GENERAL INFORMATION

REFERENCE OF THE IFU	JUT-IF PL 00-W	REVISION OF THE FINAL IFU	V1-2017

_STERILITY

The implant is provided sterile.

Implants are double packaged in a polyethylene pouch and a PETG blister.

Each package is labeled and an IFU is included.

_CAUTION

If the implant or its packaging seems to be damaged, if the expiry date is exceeded or if the sterility cannot be guaranteed for any reason, the implant must not be used. Re-sterilization of the gamma sterilized implant is forbidden. The JULIET®Ti implant must only be used with JULIET® instruments.

US Caution Federal law restricts these devices to be sold by or on the order of a physician.

Based on the dynamic testing result, the physician should consider the levels of implantation, patient weight, patient activity level, other patient conditions, etc., which may impact on the performance of the intervertebral body fusion device.

Do not use titanium and stainless steel components together.

Components of JULIET®Ti cage system should not be used with components of any other system or manufacturer.

_DESCRIPTION

The JULIET®Ti implant range was designed to ensure the best possible adaptation to patient's anatomic variations.

Intersomatic JULIET®Ti PO cage: lumbar implant used to perform fusion between lumbar vertebras after discectomy: Posterior approach.

Intersomatic JULIET®Ti TL cage and Intersomatic JULIET®Ti OL cage: lumbar implant used to perform fusion between lumbar vertebras after discectomy: Transforaminal approach.

The Juliet® Ti Lumbar intersomatic cages are made of TA6V4 ELI Titanium alloy.

_INDICATIONS

Juliet® Ti PO, OL & TL lumbar interbody devices are indicated for intervertebral body fusion procedures in skeletally mature patients with degenerative disc disease (DDD) of the lumbar spine at one or two contiguous levels from L2-S1.

DDD is defined as discogenic back pain with degeneration of the disc confirmed by patient history and radiographic studies. These DDD patients may also have up to Grade 1 spondylolisthesis or retrolisthesis at the involved level(s).

These spinal implants are to be used with autogenous bone graft and/or allogenic bone graft comprised of cancellous and/or corticocancellous bone graft. Juliet®Ti lumbar interbody devices are to be used with supplemental fixation that has been cleared for use in the lumbosacral spine. Patients should have at least six (6) months of non-operative treatment prior to treatment with an intervertebral cage.

_CONTRAINDICATIONS

- Mental illness.
- Infection.
- Severely damaged bone structures that could prevent stable implantation of the cage.
- Neuromuscular or vascular disorders or illness.
- Inadequate activity.
- Pregnancy
- Bone tumour in the region of implant
- Fractures

_SIDE EFFECTS

Per operative:

Haemostatic problems, injuries to the nervous system resulting in temporary or permanent weaknesses, pain or functional handicap, fractures.

Post operative:

Venous thrombosis and pulmonary embolism, infection, cardio-vascular disorders, hematoma and late cicatrisation

Specific to implant:

Implant migration, adhesion and fibrosis, limited range of movement, secondary fractures.

Potential risk identified with the use of this intervertebral body fusion device, which may require additional surgery, include: device component fracture, loss of fixation, pseudoarthrosis (i.e. non-union), fracture of the vertebra, neurological injury, and vascular or visceral injury.

_CAUTION - PRECAUTIONS FOR USE

An in-depth discussion of all possible complications associated with lumbar interbody fusion is beyond the scope of these instructions. Every surgeon who uses these implants must take each patient's clinical state and medical status into consideration, and be fully familiar with procedures involving the use of this type of implant and the potential complications in each case.

Implants are mechanical devices that can be worn, damaged or broken. An implant site can become infected, painful, swollen, or inflamed. Significant weight on the implant, an implant of inadequate size, and patient hyperactivity or a misuse will increase the risk of complications, including wear and tear or rupture.

The soft tissue and the adjacent bones may deteriorate over time, or may not be in an adequate state to support the implant, thus causing instability and/or malformation. The benefits of this lumbar interbody fusion procedure may not meet the patient's expectations, thus requiring more surgery to replace or remove the implant, or other types of procedures. Surgeons should therefore take several factors into consideration, in order to achieve optimal results for each patient. It is therefore essential that each patient who must undergo this type of procedure be informed, with the supporting documentation available, of the potential complications.

JULIET® Ti Lumbar Interbody Device has not been evaluated for safety and compatibility in the MR environment.

The JULIET® Ti Lumbar Interbody Device has not been tested for heating or migration in the MR environment.

_HANDLING

Spineart® ensures that only the highest-quality materials and expertise have been deployed in producing each implant. When handling these implants, blunt instruments should be used in order to avoid scratching, cutting, or nicking the device. Sharp-edged, serrated or toothed instruments should not be used.

Careful preparation of the surgical site and choosing an implant of the right size will increase the chances of a successful reconstruction. Metallic trial implants provided can be used to assess disc space and help in making this selection. Surgeons are advised not to remove the device from its sterile packaging until after the implant site has been properly prepared and precise measurements have been taken.

_SURGERY METHODS

Precaution: The implantation of lumbar interbody cage should be performed only by experienced surgeons with specific training in the use of this lumbar interbody cage because this is a technically demanding procedure presenting a risk of serious injury to the patient.

The surgeon is responsible for familiarizing him/herself with the surgical technique used for implanting these devices, by studying the relevant published articles, consulting experienced colleagues, and receiving training in the methods appropriate to the particular implant being used. We strongly recommend that excessive force should not be applied when installing any of the JULIET® implants.

A handbook on surgical techniques, describing the standard implant procedure, is available.

_PATIENT CARE FOLLOWING TREATMENT

Detailed instructions on the use and limitations of the device should be given to the patient. Prior to adequate maturation of the fusion mass, implanted spinal instrumentation may need additional help to accommodate full load bearing. External support may be recommended by the physician. The patient should be instructed regarding appropriate and restricted activities during consolidation and maturation for the fusion mass in order to prevent placing excessive stress on the implants which may lead to fixation or implant failure and accompanying clinical problems. Surgeons must instruct patients to report any unusual changes of the operative

site to his/her physician. The physician must closely monitor the patient.

_STORAGE CONDITION

It is mandatory that the implants are stored in their original packaging, in a clean, dry location where atmospheric pressure is moderate.

_INSTRUMENTATION

The instruments were specifically designed for use when installing the JULIET® implants.

They are delivered non-sterile.

Specific markings are engraved on each instrument to facilitate identification of the corresponding implant size.

Spineart® instruments are validated for 150 steam sterilization runs.

Prior to use all components should be checked for functionality and the absence of defects such as wear, tear, corrosion, pitting and discoloration to ensure that there is no damage.

Damaged components must not be used and should be returned to Spineart®.

_DECONTAMINATION, CLEANING, AND STERILIZATION

In order to assemble the implant holder, insert the shaft into the tube and turn the shaft until the end tip of the inner shaft comes out of the instrument. At the end of the surgery, reverse the procedure to disassemble the instrument for the cleaning and sterilization steps.

Point-of-instruction: The instruments must, immediately after use, be decontaminated, cleaned, and sterilized as described below.

Prior to starting the surgical procedure, all non sterile reusable instruments must be properly cleaned, decontaminated and sterilized.

The JULIET® instruments have been designed in order to avoid disassembly manipulation prior decontamination, cleaning and sterilization processes.

These methods and parameters have been validated following the AAMI TIR 30 Technical Report for reusable instruments and not sterile implants.

Manual disinfection/cleaning protocol

- Rinse soiled devices under running cold tap water for 1 minute, using soft-bristled brush to assist in the removal of gross soil debris. Devices that can be disassembled must be disassembled before cleaning.
- Soak devices in a bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and manually clean for 5 minutes using soft-bristled brush, at room temperature (+15/+25°C).
- Rinse devices under running cold water for 1 minute.
- Use a syringe to flush the devices with cannulation with 2x20 ml of neutral enzymatic cleaner at room temperature (+15/+25°C).
- Soak devices in a freshly prepared bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and clean ultrasonically for 10 minutes at room temperature (+15/+25°C).
- Rinse devices under running cold water for 1 minute. Devices with mobile parts must be manipulated through their full range of motion during rinsing.

WASHER-DISINFECTOR PARAMETERS

STEP	SOLUTION	TEMPERATURE	TIME
Pre-cleaning	Water	<45°C	2 minutes
Cleaning	Water + Neutral enzymatic cleaner (as example NEODISHER Mediclean Forte)	55°C	10 minutes
Neutralizing	Water	<45°C	2 minutes
Rinsing	Tap water	<45°C	2 minutes
Thermal disinfection	Reversed osmosis water	90°C	5 minutes

- Soak devices in a freshly prepared bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and manually clean for 2 minutes using soft-bristled brush at room temperature (+15/+25°C).
- Use a syringe to flush the devices with cannulation with 2x20 ml of deionized water at room temperature (+15/+25°C).
- Rinse thoroughly the devices with deionized water for 2 minutes. Devices with mobile parts must be manipulated through their full range of motion during rinsing.
- Visually inspect devices.
- Dry using a soft, lint free cloth.

Automatic disinfection/cleaning protocol

- Rinse soiled devices under running cold tap water for 30 seconds, using soft-bristled brush to assist in the removal of gross soil debris. Devices that can be disassembled must be disassembled before cleaning.
- Soak devices in a bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and manually clean for 1 minute using soft-bristled brush, at room temperature (+15/+25°C).
- Rinse devices under running cold water for 30 seconds. Devices with mobile parts must be manipulated through their full range of motion during rinsing.
- Soak devices in a freshly prepared bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and clean ultrasonically for 10 minutes at room temperature (+15/+25°C).
- Rinse devices under running cold water for 1 minute. Devices with mobile parts must be manipulated through their full range of motion during rinsing.
- Load devices into the washer-disinfector.
- Visually inspect devices.
- Dry using a soft, lint free cloth.

Sterilization trays cleaning and disinfection

All the trays must be thoroughly cleaned and disinfected after surgery completion.

Cleaning recommendations

- Remove all the instruments from the trays,
- Large and visible impurities must be removed from the trays,
- Use running water and rinse thoroughly for at least one minute,
- Use freshly prepared cleaning bath of the specified concentration for the period specified by the manufacturer,
- Use soft brush until there is no visible contamination,
- Dry trays with lint-free disposable cloths.

Disinfection recommendations

- Use a freshly disinfectant bath of the specified concentration for the period specified by the manufacturer.
- Rinse thoroughly three times,
- Rinse trays thoroughly with water as specified by the disinfectant manufacturer,
- Dry trays with lint-free disposable cloths.

Trays must be visually clean, if not, repeat the cleaning and disinfection protocol.

- Subsequent sterilization in containers is then recommended, using an autoclave and steam, and following a protocol that meets the minimum requirements or more, and is in compliance with current legislation (e.g., 134°C – 18 minutes) to obtain a guaranty of sterility of 10-6. The validation for sterilization have been done according to overkill/half cycle method as described in the ISO 17664, ISO 17665 standards and of AAMI TIR 12 Technical Report..

Sterilization parameters

Method: Pre-vacuum cycle of Steam sterilization (moist heat - autoclave)

Cycle 1 (EU):

Minimum exposure time: 18 minutes

Minimum temperature: 134°C

Drying time: 30 minutes

Cycle 2 (USA):

Minimum exposure time: 4 minutes

Minimum temperature: 132°C

Drying time: 30 minutes

This 134°C – 18 minutes sterilization cycle is not considered by the Food and Drug Administration to be a standard sterilization cycle. It is the end user's responsibility to use only sterilizers and accessories (such as sterilization wraps, sterilization pouches, chemical indicators, biological indicators, and sterilization cassettes) that have been cleared by the Food and Drug Administration for the selected sterilization cycle specifications (time and temperature).

"Do not stack trays during sterilization"

• The instruments must, immediately after use, be decontaminated, cleaned, and sterilized as described above, particularly before they are returned to Spineart®.

_MAINTENANCE AND REPAIR

Spineart® instruments that need to be repaired must be decontaminated and cleaned, then sent to the address mentioned in this document.

_FURTHER INFORMATION

If further directions for use of this system are needed, please check with the Spineart® Customer Service. If further information is needed or required, please see the addresses on this document.

GENERAL INFORMATION

PRODUCT TYPE	NOTIFIED BODY CE N°	MANUFACTURER	DISTRIBUTOR
Implants	CE 1250	SPINEART SA CHEMIN DU PRÉ-FLEURI 3 1228 PLAN-LES-OUATES SWITZERLAND	SPINEART USA 23332 MILL CREEK DRIVE, SUITE 150 CA 92653 LAGUNA HILLS UNITED STATES
Surgical Reusable Instruments	CE		
Instrument box/trays/ containers	CE		
Surgical Instruments intended to select correct implant size	CE 1984		
FOR ADDITIONAL INFORMATION REGARDING REGULATORY STRATEGY OF SPINEART PRODUCTS, PLEASE CONTACT SPINEART AT REGULATORY@SPINEART.COM			

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N O T E

SPINEART

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UNITED STATES

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CHEMIN DU PRÉ-FLEURI 3
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SWITZERLAND

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