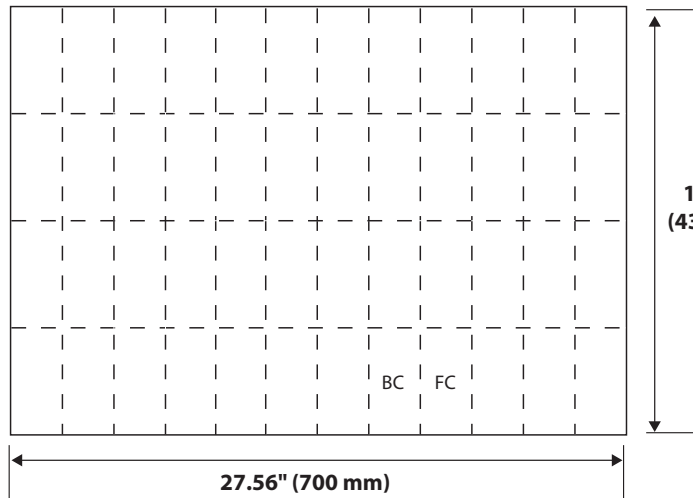






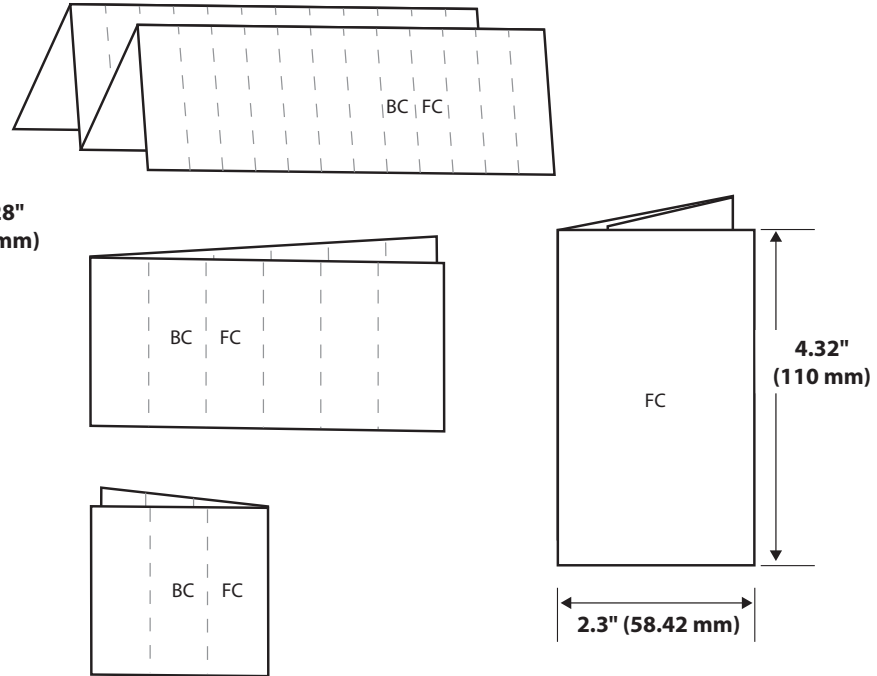
**IFU PRINTING SPECIFICATION SHEET**

**PAGE LAYOUT**



Flat Size

**FOLD PATTERN**



Folded Size

TITLE <b>PROLENE™ Suture</b>		DESCRIPTION <b>Map IFU</b>		LAB NUMBER <b>LAB100318069v3</b>	SPECIAL INSTRUCTIONS/COMMENTS <b>n/a</b>	BINDING <b>n/a</b>	COLORS <b>Black</b>				
FLAT SIZE <b>27.56" x 17.28"</b> <b>700 mm x 439 mm</b>		FOLDED SIZE <b>2.3" x 4.32"</b> <b>58.42 mm x 110 mm</b>		RMC NUMBER <b>390316R03</b>	PAGE COUNT <b>2</b>	LANGUAGES <b>ar, cs, da, de, el, en, es, fi, fr, hu, it, ko, nl, no, pl, pt, ru, sk, sv, tr, zh-cn, zh-tw</b>		SELF COVER <input checked="" type="checkbox"/>	PLUS COVER <input type="checkbox"/>	SEALING METHOD <input type="checkbox"/>	WAFER SEAL <input checked="" type="checkbox"/>
BLEED SIZE .5" (12.7 mm) <input type="checkbox"/> .125" (3.175 mm) <input type="checkbox"/>		NONE <input checked="" type="checkbox"/> BLEED ALL SIDES <input type="checkbox"/>		BLEED TOP <input type="checkbox"/>	BLEED RIGHT <input type="checkbox"/>	BLEED LEFT <input type="checkbox"/>	BLEED BOTTOM <input type="checkbox"/>				
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**Dieses Dokument wird Ihnen zur Verfügung gestellt von:**

Med-Dent24 Handelsgesellschaft mbH  
Gotenweg 7  
63128 Dietzenbach

Telefon: +49 (0)6074 803 3615  
Telefax: +49 (0)6074 803 4092  
E-Mail: [info@med-dent24.com](mailto:info@med-dent24.com)

Registergericht: Offenbach am Main  
Registernummer: HRB 56518  
Umsatzsteuer-Identifikation-No.: DE307869540

Geschäftsführerin: Ana Ban