**Date: August 17 2025 Update** (Original December 13 2024)

**Canadian Heart Rhythm Society Device Committee**

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## RE: ACCOLADE, PROPONENT, ESSENTIO, and ALTRUA 2 dual chamber (DR) standard life (SL) and extended life (EL) pacemakers; and VISIONIST and VALITUDE cardiac resynchronization therapy pacemakers (CRT-Ps) with an increased potential to initiate Safety Mode during telemetry or other normal, higher-power operations due to high battery impedance

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**Nature of the Advisory**:

A subset of devices from the ACCOLADE family has an increased potential to initiate Safety Mode during higher-power operations due to latent high battery impedance. During normal high-power operations (e.g. telemetry) high battery impedance may cause a device to exhibit transient voltage decreases, which may trigger a system reset. If three (3) system resets occur within a 48-hour period, the device is designed to enter Safety Mode to maintain backup pacing with pre-defined, non-programmable settings [unipolar RV (or BiV) sensing/pacing at VVI @ 72.5 ppm with high output (5.0V at 1.0 msec)]. Although therapy is still provided, the reset to unipolar pacing and sensing when in Safety Mode may result in adverse effects via myopotential oversensing-associated pacing inhibition, loss of AV/VV synchrony, and phrenic nerve stimulation. Among patients at risk of harm, a 52% rate of major complications due to presyncope, syncope, fall with trauma, pauses/asystole, and death has been reported in those whose pacemaker initiates Safety Mode.

**Scope of the problem:**

**The original advisory population at a higher risk of this malfunction constituted a subset of ACCOLADE family of devices built before Sep 2018.** This population was manufactured with battery cathode processing practices that demonstrate higher concentration of lithium salts, which may result in a lack of available electrolyte between the battery anode and cathode leading to high battery impedance. Refinement of operator processing techniques has reduced variability of lithium salt concentrations and improved the performance of batteries in the remaining population and contemporary devices. This population continues to have the highest occurrence rate for the aforementioned behavior (~3.3% at 117-158 months in the original advisory population vs. 1.2% at 117-158 months in the August 2025 population vs. <0.2% in the non-advisory population).

**Based on the continued monitoring of the entire ACCOLADE family, Boston Scientific is expanding the advisory recommendations to additional CRT-P and DR-EL devices with a use-by-date on or before 30 June 2025. The expanded population of CRT-Ps exhibits an increased potential for harm that exceeds their expected performance threshold. While DR-ELs are currently performing within expectations, it is anticipated that the risk for harm for patients with these pacemakers will increase over time.**

**How to Identify the problem:**

The susceptibility for a device to enter Safety Mode due to high battery impedance occurs when the device reaches approximately four (4) years or less of remaining battery longevity.

When a device is in Safety Mode, healthcare practitioners are directed to contact Boston Scientific via a LATITUDE programmer warning screen and a LATITUDE remote patient management system red alert.

**Response of the CHRS Device Committee (*unchanged from December 2024*)**:

- As part of this formal advisory, we recommend that patients with a device affected by this advisory in the expanded population be notified about this potential issue.
- **Boston Scientific has developed a software upgrade designed to prevent pacemakers in the ACCOLADE family from initiating Safety Mode in an ambulatory setting due to a high battery impedance state. This software is available in some jurisdictions, and should be available in Canada within a few months.**
- Prophylactic device generator replacement is recommended for individuals with a device affected by this advisory and who are at high-risk of harm in the event of Safety Mode initiation, and in consideration of a shared decision-making process.
    - Patients in whom prophylactic replacement may be considered are those where device reset to Safety Mode may not be well tolerated and may result in clinical deterioration via loss of AV/VV synchrony, phrenic nerve stimulation, or via myopotential oversensing-associated pacing inhibition (e.g. dependent patients).
    - Consider replacement with a longevity remaining of 4 years or less for patients at risk of harm
- Patients with a device affected by this advisory not electing to have prophylactic replacement should be followed in clinic at least every 12 months until one-year-remaining and then follow-up every three (3) months thereafter until replacement is indicated.
    - In clinic interrogation is preferable to remote monitoring visits given the potential to trigger safety mode in susceptible situations (approximately 70% of of Safety Mode events occurred during in-office interrogations). Moreover, in clinic interrogation will allow immediate recognition of reversion to safety mode rather than it is occurring at home.
    - However, remote monitoring should be pursued between in clinic visits to enable early notification of safety mode reversion.
- In cases where Safety Mode occurs (or inability to interrogate the device or to transmit data is encountered) urgent replacement should be performed, as the reserve battery capacity may not be sufficient to support device operations due to the high impedance state.
    - Pacemaker-dependent patients should be admitted to hospital and **their pacemaker replacement performed promptly.**
    - In non-pacemaker dependent patients, replacement should be planned **in ≤ 1 week.**
    - Note: patients will be in unipolar mode during device replacement, and thus precautions need to be taken given potential loss of pacing with can removal from the pocket.
- The CHRS device committee may update these recommendations should more data become available.

**CHRS Device Committee**

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François Philippon, MD
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# Urgent medical device advisory
# Field Safety Notice

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August 2025

**Subject: Field Safety Notice** – Expansion of the December 2024 advisory populations to include all dual chamber (DR) extended life (EL) pacemakers and cardiac resynchronization therapy pacemakers with a use-by-date on or before 30 June 2025 for the ACCOLADE™ family of devices which includes ACCOLADE, PROPONENT™, ESSENTIO™, and ALTRUA™ 2 DR standard life (SL) and DR EL pacemakers; and VISIONIST™ and VALITUDE™ CRT-Ps. (Boston Scientific Field Action Reference: 97125289E-FA).

This communication provides an update to the December 2024 customer communications regarding the potential for the ACCOLADE family of pacemakers to initiate Safety Mode due to a high battery impedance state. Safety Mode provides back-up pacing under critical circumstances; it is not intended to be a substitute for chronic pacing therapy. The non-programmable Safety Mode pacing parameters may not provide optimal support of a patient's cardiac condition (e.g., adequacy of underlying escape rhythm, the need for AV/VV pacing for cardiac synchrony, and/or the potential for pacing inhibition due to myopotential oversensing). The original population included a subset of CRT-P, DR-EL, and DR-SL pacemakers manufactured prior to 2018 from the ACCOLADE family of pacemakers. This original advisory population continues to have the highest occurrence rate for this behavior (Figure 1). However, based on the continued monitoring of the entire ACCOLADE family, Boston Scientific is expanding the advisory recommendations to additional CRT-P and DR-EL devices, see Appendix A.

The expanded population of CRT-Ps now exhibits an increased potential for harm that exceeds their expected performance threshold. CRT-P devices use the same battery part number as DR-EL pacemakers but typically consume more power due to continuous bi-ventricular pacing. While DR-ELs are currently performing within expectations, we anticipate that the risk for harm for patients with these pacemakers will likely increase over time as CRT-Ps have.

Boston Scientific has developed a software upgrade designed to prevent pacemakers in the ACCOLADE family from initiating Safety Mode in an ambulatory setting due to a high battery impedance state. Boston Scientific anticipates releasing this software in your country in the coming months. Your local Boston Scientific sales professional will have an estimated availability date range. Given the anticipated software upgrade and the latency of this behavior, the advisory population now extends to the remaining ACCOLADE CRT-Ps and DR-ELs with a use-by-date on or before 30 June 2025. Once this software is released in your country, Boston Scientific will recommend that patients come in for in-person follow-up visits to upgrade their device's software, rather than undergo prophylactic replacement. Until then, please continue to follow the recommendations described in Table 2.

**Clinical Impact**

Safety Mode provides back-up pacing under critical circumstances; it is not intended to be a substitute for chronic pacing therapy. The non-programmable Safety Mode pacing parameters (Table 3) may not provide optimal support of a patient's cardiac condition (e.g., adequacy of underlying escape rhythm, the need for AV/VV pacing for cardiac synchrony, and/or the potential for pacing inhibition due to myopotential oversensing). Pacing inhibition due to myopotential oversensing for unipolar sensing configurations is well documented, however, provocative

maneuvers, including isometric exercises, are not a reliable predictor of myopotential oversensing susceptibility for patients who may transition to Safety Mode.

The most common clinical outcome of this behavior is early device replacement. In certain patients, Safety Mode may result in unintended clinical impact such as pacing inhibition/pauses, muscle stimulation (e.g., skeletal muscle or phrenic nerve stimulation), or heart failure decompensation prior to device replacement. Among patients at risk of harm whose pacemaker initiates Safety Mode, Caughron et al. reported a 52% rate of major complications due to presyncope, syncope, fall with trauma, pauses/asystole, and death.[1] Remote monitoring is a standard of care[2], is a critical device management capability, and will be important means to detect onset of high battery impedance when the future software update becomes available.

The worst case reported patient harm has been loss of pacing with serious injury or life-threatening outcome. There have been two (2) deaths in pacemaker dependent patients after initiating Safety Mode in an ambulatory setting and no additional deaths have been reported. Details about the ACCOLADE subpopulations and lifetime occurrence rate for each device type are reported in Table 1. Occurrence rates for various device types are reported in Figure 1 and 2.

**Table 1** ACCOLADE populations and occurrence rates for Safety Mode (SM) due to high battery impedance

| Population | Device Type | Estimated WW Active Population | Estimated WW Distributed Population | SM Events | Lifetime Occurrence Rate |
|---|---|---|---|---|---|
| **Dec 2024 Advisory Populations** | CRT-P | 8,500 | 21,300 | 281 | 3.27% at 117 months |
| | DR EL | 34,300 | 58,600 | 183 | 3.27% at 158 months* |
| | DR SL | 56,500 | 123,400 | 605 | 0.75% at 102 months |
| | CRT-P | 92,500 | 124,100 | 83 | 1.16% at 117 months |
| | DR EL | 444,300 | 534,200 | 23 | 1.16% at 158 months* |
| | DR SL | 539,700 | 683,000 | 125 | 0.14% at 102 months |
| | SR SL | 189,500 | 294,900 | 60 | 0.19% at 117 months |
| **Total** | | 1,365,300 | 1,839,400 | 1,360 | |

*DR-EL rate is projected based on the experience of CRT-P which uses the same EL battery

[1]Caughron H, Dhruva SS, Raitt MH. Complications Associated With Safety Mode Initiation in Recalled Boston Scientific Pacemakers. J Am Coll Cardiol. 2025 Apr 5:S0735-1097(25)05926-1. doi: 10.1016/j.jacc.2025.03.501. Epub ahead of print. PMID: 40202463.

[2]In patients with CIEDs, remote monitoring is recommended as part of the standard of care (COR-1/LOE-A) pg e99. Ferrick AM Raj SR, Deneke T, et al. 2023 HRS/EHRA/APHRS/LAHRS expert consensus statement on practical management of the remote device clinic. Heart Rhythm, ISSN: 1547-5271, Vol: 20, Issue: 9, Page: e92-e144. https://doi.org/10.1016/j.hrthm.2023.03.1525.

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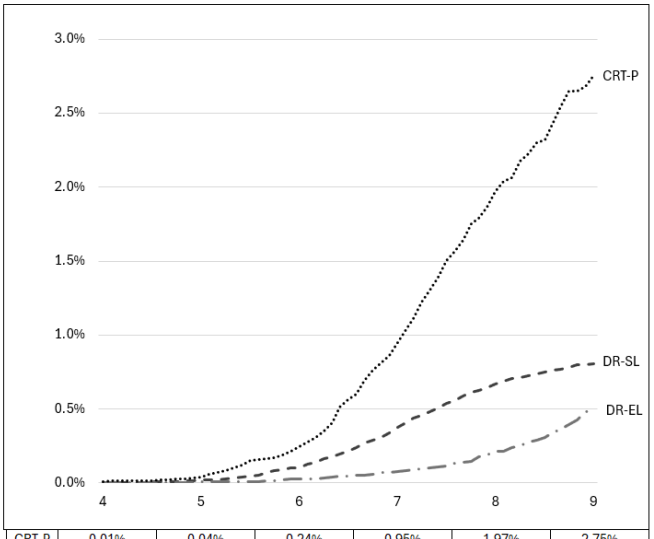
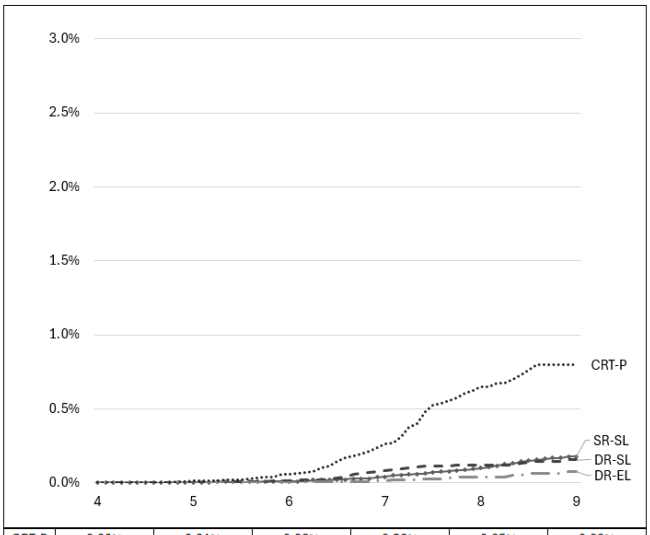



| | | | | | | |
|---|---|---|---|---|---|---|
| CRT-P | 0.01% | 0.04% | 0.24% | 0.95% | 1.97% | 2.75% |
| DR-SL | 0.00% | 0.02% | 0.11% | 0.38% | 0.67% | 0.80% |
| DR-EL | 0.00% | 0.01% | 0.02% | 0.08% | 0.21% | 0.49% |

**Figure 1** Occurrence rates for high battery impedance induced Safety Mode for December 2024 advisory population




| | | | | | | |
|---|---|---|---|---|---|---|
| CRT-P | 0.00% | 0.01% | 0.06% | 0.26% | 0.65% | 0.80% |
| SR-SL | 0.00% | 0.01% | 0.01% | 0.04% | 0.10% | 0.18% |
| DR-SL | 0.00% | 0.00% | 0.02% | 0.08% | 0.12% | 0.16% |
| DR-EL | 0.00% | 0.00% | 0.00% | 0.02% | 0.04% | 0.08% |

**Figure 2** Occurrence rates for high battery impedance induced Safety Mode in August 2025 expanded population for CRT-P and EL-DR and remaining SL-DR and SL-SR devices.

**Recommendations.** There are no changes to the recommendations previously communicated by Boston Scientific in December 2024.

**Table 2** Recommendations for ACCOLADE pacemakers included within the December 2024 and August 2025 advisory populations

| | | |
|---|---|---|
| **Individual Patient Evaluation** | Promptly identify patients within the expanded advisory population who are at risk of harm due the non-programmable parameters in Safety Mode. | |
| **Replace if device enters Safety Mode** | **For patients at risk of harm**: Emergent/Urgent Replacement | **All other patients:** Non-emergent Replacement |
| | • When choosing a replacement interval, do not rely on previously reported battery time remaining estimates which do not account for Safety Mode's increased outputs nor the battery's high impedance state.<br>• During replacement of a device in Safety Mode, pacing inhibition should be anticipated during electrocautery and when the device is removed from the pocket due to unipolar pacing and high sensitivity. | |
| | General prophylactic replacement is not recommended. | |

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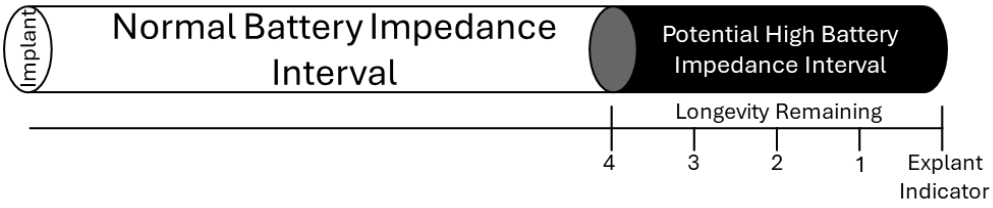
**Table 2** Recommendations for ACCOLADE pacemakers included within the December 2024 and August 2025 advisory populations

| | |
|---|---|
| **Prophylactic Replacement** | **For patients with a device from the advisory populations and who are at risk of harm due to non-programmable parameters in Safety Mode:**<br>• Schedule device replacement promptly when the longevity remaining reaches four (4) years or if the longevity remaining is already less than 4 years.<br>  <br>• If the device reaches the potential high battery impedance interval before the next scheduled follow-up, schedule an appointment with your patient prior to that interval to discuss management options using a shared decision-making approach.<br>• Note: There is a potential for pacing pauses during in-person checks and LATITUDE™ patient-initiated interrogation (PII) in patients at risk of harm who remain implanted beyond the recommended replacement interval. During in-person device checks for such patients in the advisory population, consider patient recumbency and availability of resuscitation equipment with qualified personnel. Consider disabling PII for such patients on LATITUDE. |
| **Follow-up Interval** | • Perform follow-up via remote or in-office interrogation at least every year; and<br>• When the remaining longevity reaches One-Year-Remaining, follow-up every three (3) months thereafter until replacement is indicated. |
| **Medical Records** | For each patient with an affected device, append/update the patient's medical record with this letter to maintain awareness to all follow-up physicians of this topic for the remaining service life of the device. A patient letter is available upon request, which can be distributed to the patient. |

The Regulatory Authority of your country has been informed about this communication. Adverse events should be reported to Boston Scientific.

**Description of High Battery Impedance Behavior**

As described in the original December 2024 advisory, ACCOLADE devices have a potential of exhibiting a high impedance condition because of unanticipated concentration of lithium salts resulting from variability of battery assembly techniques. This may result in a lack of available electrolyte between the battery anode and cathode.

High battery impedance may cause a device to exhibit transient voltage decreases during wandless ZIP™ telemetry operations. If the battery voltage drops below a minimum threshold during a high-power state (e.g., active ZIP telemetry), a system reset is automatically performed, and the conditions of the high-power state are interrupted. Subsequent high-power states may result in additional system resets due to the high battery impedance.

If three (3) system resets occur within a 48-hour period, the device is designed to enter Safety Mode to maintain backup pacing with pre-defined, non-programmable settings (Table 3). When a device is in Safety Mode, healthcare professionals (HCPs) are directed to contact Boston Scientific via a LATITUDE programmer warning screen and a LATITUDE Remote Patient Management System red alert. Once a device enters Safety Mode, life-

sustaining therapy continues to be available while battery capacity is available. The susceptibility of experiencing a high battery impedance and entering Safety Mode has been observed when the device reaches approximately four (4) years or less of remaining battery longevity.

Per the IFU, Safety Mode is intended to provide life-sustaining therapy if repeated system resets occur with the following pre-defined, non-programmable parameters. A device that enters Safety Mode should be replaced.

**Table 1** Safety Mode Non-Programmable Settings

| Parameter | Setting |
|---|---|
| Mode | VVI, biventricular pacing for CRT-Ps |
| Rate | 72.5 ppm |
| Sensitivity | Automatic Gain Control (AGC) 0.25 mV |
| Output | 5.0 V at 1.0 ms RV (and LV for CRT-Ps) |
| Lead Configuration | RV/LV Unipolar sensing/pacing |
| RVRP | 250 ms |
| Noise response | VOO |
| LV Offset (CRT-Ps only) | 0 ms |
| Magnet Response | Disabled |

When replacing a device in Safety Mode, the following conditions may interrupt pacing during the procedure:

- During applications of electrocautery, pacing may be inhibited due to Safety Mode's high sensitivity setting and unipolar sensing configuration.
- When removing the device from the pocket, loss of capture will occur due to Safety Mode's unipolar pacing configuration.

During normal operations when a device is indicated for replacement, the system is designed to reserve sufficient battery capacity to support device operations for three (3) months to allow for a replacement procedure to be scheduled. However, if a device enters Safety Mode due to the high battery impedance, the reserve battery capacity may not be sufficient to support device operations for three months and should be scheduled for replacement soon thereafter and emergently for patients at risk of harm from Safety Mode parameters.

The ACCOLADE family of pacemakers includes a SL battery for SR and DR pacemakers and a larger, EL battery for DR pacemakers and CRT-Ps. Because of disparate batteries (e.g., SL vs. EL) and therapies provided (e.g., SR/DR pacemakers vs. CRT-Ps), the occurrence rates vary (see Figure 1 and 2). However, the susceptibility for a device to enter Safety Mode due to high battery impedance occurs when the device reaches approximately four (4) years or less of remaining battery longevity. A retrospective study of 121 US Department of Veterans Affairs (VA) Centers found that, of ACCOLADE and INGENIO devices initiating Safety Mode due to high battery impedance, 100% did so with 4 years or less time remaining and 92% with 2 years or less time remaining.[3]

[3]Caughron H,. 2025 Apr 5:S0735-1097(25)05926-1. doi:https://doi.org/10.1016/j.jacc.2025.03.501.

**Additional Information**

Patient safety remains Boston Scientific's highest priority, and we are committed to communicating up-to-date information with physicians and healthcare professionals to ensure you have timely, relevant information for managing your patients. Product performance information, including this topic, a device lookup tool, and resources for returning product are available within our Product Performance Resource Center at www.bostonscientific.com/ppr. If you have additional questions regarding this information or would like to report a clinical event, please contact your Boston Scientific representative or Technical Services.

Sincerely,

Debbie Lau
Boston Scientific Quality Systems

## Appendix A

Because of the latency associated with high battery impedance induced Safety Mode, the population has been expanded to include DR-EL and CRT-P devices with a use-by-date on or before 30 June 2025. This expanded advisory population includes the following pacemakers; however, these device attributes are not sufficient to identify individual devices in the advisory population. Contact your local Boston Scientific sales professional for an affected serialized device list or enter a model/serial into the device lookup tool at www.BostonScientific.com/lookup.

| GTIN | Model | Product Name |
|---|---|---|
| 00802526572043 | L121 | ESSENTIO DR EL |
| 00802526576348 | L121 | ESSENTIO DR EL |
| 00802526593277 | L121 | ESSENTIO DR EL |
| 00802526572074 | L131 | ESSENTIO MRI DR EL |
| 00802526576355 | L131 | ESSENTIO MRI DR EL |
| 00802526609053 | L131 | ESSENTIO MRI DR EL |
| 00802526572241 | L221 | PROPONENT DR EL |
| 00802526572265 | L221 | PROPONENT DR EL |
| 00802526576416 | L221 | PROPONENT DR EL |
| 00802526578045 | L221 | PROPONENT DR EL |
| 00802526593307 | L221 | PROPONENT DR EL |
| 00802526559143 | L231 | PROPONENT MRI DR EL |
| 00802526572272 | L231 | PROPONENT MRI DR EL |
| 00802526576423 | L231 | PROPONENT MRI DR EL |
| 00802526578052 | L231 | PROPONENT MRI DR EL |
| 00802526609046 | L231 | PROPONENT MRI DR EL |
| 00802526559242 | L321 | ACCOLADE DR EL |
| 00802526559259 | L321 | ACCOLADE DR EL |
| 00802526572425 | L321 | ACCOLADE DR EL |
| 00802526593260 | L321 | ACCOLADE DR EL |
| 00802526559266 | L331 | ACCOLADE MRI DR EL |
| 00802526559273 | L331 | ACCOLADE MRI DR EL |
| 00802526572456 | L331 | ACCOLADE MRI DR EL |
| 00802526572470 | L331 | ACCOLADE MRI DR EL |
| 00802526576485 | L331 | ACCOLADE MRI DR EL |
| 00802526578083 | L331 | ACCOLADE MRI DR EL |
| 00802526592201 | L331 | ACCOLADE MRI DR EL |
| 00802526609084 | L331 | ACCOLADE MRI DR EL |
| 00802526578113 | S722 | ALTRUA 2 DR EL |
| 00802526593239 | S722 | ALTRUA 2 DR EL |
| 00802526559396 | U125 | VALITUDE CRT-P EL IS-1 |
| 00802526573101 | U125 | VALITUDE CRT-P EL IS-1 |
| 00802526573125 | U125 | VALITUDE CRT-P EL IS-1 |
| 00802526577024 | U125 | VALITUDE CRT-P EL IS-1 |
| 00802526577109 | U125 | VALITUDE CRT-P EL IS-1 |
| 00802526578793 | U125 | VALITUDE CRT-P EL IS-1 |
| 00802526559419 | U128 | VALITUDE X4 CRT-P EL IS-1/IS4 |
| 00802526572609 | U128 | VALITUDE X4 CRT-P EL IS-1/IS4 |
| 00802526572623 | U128 | VALITUDE X4 CRT-P EL IS-1/IS4 |
| 00802526576522 | U128 | VALITUDE X4 CRT-P EL IS-1/IS4 |
| 00802526577031 | U128 | VALITUDE X4 CRT-P EL IS-1/IS4 |
| 00802526578120 | U128 | VALITUDE X4 CRT-P EL IS-1/IS4 |
| 00802526593284 | U128 | VALITUDE X4 CRT-P EL IS-1/IS4 |
| 00802526559433 | U225 | VISIONIST CRT-P EL IS-1 |
| 00802526572630 | U225 | VISIONIST CRT-P EL IS-1 |
| 00802526577048 | U225 | VISIONIST CRT-P EL IS-1 |
| 00802526577116 | U225 | VISIONIST CRT-P EL IS-1 |
| 00802526578809 | U225 | VISIONIST CRT-P EL IS-1 |
| 00802526611742 | U225 | VISIONIST CRT-P EL IS-1 |
| 00802526559464 | U226 | VISIONIST CRT-P EL IS-1/LV-1 |
| 00802526577062 | U226 | VISIONIST CRT-P EL IS-1/LV-1 |
| 00802526577123 | U226 | VISIONIST CRT-P EL IS-1/LV-1 |
| 00802526578816 | U226 | VISIONIST CRT-P EL IS-1/LV-1 |
| 00802526611728 | U226 | VISIONIST CRT-P EL IS-1/LV-1 |
| 00802526559488 | U228 | VISIONIST X4 CRT-P EL IS-1/IS4 |
| 00802526572692 | U228 | VISIONIST X4 CRT-P EL IS-1/IS4 |
| 00802526577130 | U228 | VISIONIST X4 CRT-P EL IS-1/IS4 |
| 00802526578830 | U228 | VISIONIST X4 CRT-P EL IS-1/IS4 |
| 00802526593314 | U228 | VISIONIST X4 CRT-P EL IS-1/IS4 |
| 00802526611902 | U228 | VISIONIST X4 CRT-P EL IS-1/IS4 |

The following table was included in the December 2024 advisory letter.

| GTIN | Model | Product Name |
|---|---|---|
| 00802526558924 | L101 | ESSENTIO DR SL |
| 00802526558931 | L101 | ESSENTIO DR SL |
| 00802526571954 | L101 | ESSENTIO DR SL |
| 00802526571961 | L101 | ESSENTIO DR SL |
| 00802526576317 | L101 | ESSENTIO DR SL |
| 00802526576812 | L101 | ESSENTIO DR SL |
| 00802526558962 | L111 | ESSENTIO DR SL MRI |
| 00802526558979 | L111 | ESSENTIO DR SL MRI |
| 00802526572012 | L111 | ESSENTIO DR SL MRI |
| 00802526572029 | L111 | ESSENTIO DR SL MRI |
| 00802526576331 | L111 | ESSENTIO DR SL MRI |
| 00802526576836 | L111 | ESSENTIO DR SL MRI |
| 00802526558986 | L121 | ESSENTIO DR EL |
| 00802526558993 | L121 | ESSENTIO DR EL |
| 00802526572043 | L121 | ESSENTIO DR EL |
| 00802526576348 | L121 | ESSENTIO DR EL |
| 00802526593277 | L121 | ESSENTIO DR EL |
| 00802526559006 | L131 | ESSENTIO DR EL MRI |
| 00802526559013 | L131 | ESSENTIO DR EL MRI |
| 00802526572081 | L131 | ESSENTIO DR EL MRI |
| 00802526576355 | L131 | ESSENTIO DR EL MRI |
| 00802526559044 | L201 | PROPONENT DR SL |
| 00802526572135 | L201 | PROPONENT DR SL |
| 00802526576379 | L201 | PROPONENT DR SL |
| 00802526576874 | L201 | PROPONENT DR SL |
| 00802526578014 | L201 | PROPONENT DR SL |
| 00802526559068 | L209 | PROPONENT DR (VDD) SL |
| 00802526576386 | L209 | PROPONENT DR (VDD) SL |
| 00802526559105 | L211 | PROPONENT DR SL MRI |
| 00802526572210 | L211 | PROPONENT DR SL MRI |
| 00802526576409 | L211 | PROPONENT DR SL MRI |
| 00802526576904 | L211 | PROPONENT DR SL MRI |
| 00802526578038 | L211 | PROPONENT DR SL MRI |
| 00802526559129 | L221 | PROPONENT DR EL |
| 00802526572241 | L221 | PROPONENT DR EL |
| 00802526576416 | L221 | PROPONENT DR EL |
| 00802526578045 | L221 | PROPONENT DR EL |
| 00802526593307 | L221 | PROPONENT DR EL |
| 00802526559143 | L231 | PROPONENT DR EL MRI |
| 00802526572272 | L231 | PROPONENT DR EL MRI |
| 00802526576423 | L231 | PROPONENT DR EL MRI |
| 00802526578052 | L231 | PROPONENT DR EL MRI |
| 00802526559174 | L301 | ACCOLADE DR SL |
| 00802526559181 | L301 | ACCOLADE DR SL |
| 00802526572333 | L301 | ACCOLADE DR SL |
| 00802526572340 | L301 | ACCOLADE DR SL |
| 00802526576942 | L301 | ACCOLADE DR SL |
| 00802526559228 | L311 | ACCOLADE DR SL MRI |
| 00802526559235 | L311 | ACCOLADE DR SL MRI |
| 00802526572395 | L311 | ACCOLADE DR SL MRI |
| 00802526576461 | L311 | ACCOLADE DR SL MRI |
| 00802526578076 | L311 | ACCOLADE DR SL MRI |
| 00802526559242 | L321 | ACCOLADE DR EL |
| 00802526559259 | L321 | ACCOLADE DR EL |
| 00802526572425 | L321 | ACCOLADE DR EL |
| 00802526593260 | L321 | ACCOLADE DR EL |
| 00802526559266 | L331 | ACCOLADE DR EL MRI |
| 00802526559273 | L331 | ACCOLADE DR EL MRI |
| 00802526572456 | L331 | ACCOLADE DR EL MRI |
| 00802526576485 | L331 | ACCOLADE DR EL MRI |
| 00802526578083 | L331 | ACCOLADE DR EL MRI |
| 00802526592201 | L331 | ACCOLADE DR EL MRI |
| 00802526559358 | S702 | ALTRUA 2 DR SL |
| 00802526572517 | S702 | ALTRUA 2 DR SL |
| 00802526576508 | S702 | ALTRUA 2 DR SL |
| 00802526577000 | S702 | ALTRUA 2 DR SL |
| 00802526578106 | S702 | ALTRUA 2 DR SL |
| 00802526593208 | S702 | ALTRUA 2 DR SL |
| 00802526559365 | S722 | ALTRUA 2 DR EL |
| 00802526559372 | S722 | ALTRUA 2 DR EL |
| 00802526576515 | S722 | ALTRUA 2 DR EL |
| 00802526577017 | S722 | ALTRUA 2 DR EL |
| 00802526578113 | S722 | ALTRUA 2 DR EL |
| 00802526593239 | S722 | ALTRUA 2 DR EL |
| 00802526559389 | U125 | VALITUDE CRT-P EL |
| 00802526559396 | U125 | VALITUDE CRT-P EL |
| 00802526573101 | U125 | VALITUDE CRT-P EL |
| 00802526573118 | U125 | VALITUDE CRT-P EL |
| 00802526577024 | U125 | VALITUDE CRT-P EL |
| 00802526577109 | U125 | VALITUDE CRT-P EL |
| 00802526578793 | U125 | VALITUDE CRT-P EL |
| 00802526559402 | U128 | VALITUDE CRT-P EL MRI |
| 00802526559419 | U128 | VALITUDE CRT-P EL MRI |
| 00802526572609 | U128 | VALITUDE CRT-P EL MRI |
| 00802526572616 | U128 | VALITUDE CRT-P EL MRI |
| 00802526576522 | U128 | VALITUDE CRT-P EL MRI |
| 00802526577031 | U128 | VALITUDE CRT-P EL MRI |
| 00802526578120 | U128 | VALITUDE CRT-P EL MRI |
| 00802526593284 | U128 | VALITUDE CRT-P EL MRI |
| 00802526559433 | U225 | VISIONIST CRT-P EL |
| 00802526572630 | U225 | VISIONIST CRT-P EL |
| 00802526577048 | U225 | VISIONIST CRT-P EL |
| 00802526577116 | U225 | VISIONIST CRT-P EL |
| 00802526578809 | U225 | VISIONIST CRT-P EL |
| 00802526559457 | U226 | VISIONIST CRT-P EL |
| 00802526559464 | U226 | VISIONIST CRT-P EL |
| 00802526577062 | U226 | VISIONIST CRT-P EL |
| 00802526577123 | U226 | VISIONIST CRT-P EL |
| 00802526559488 | U228 | VISIONIST CRT-P EL MRI |
| 00802526572692 | U228 | VISIONIST CRT-P EL MRI |
| 00802526577130 | U228 | VISIONIST CRT-P EL MRI |
| 00802526578830 | U228 | VISIONIST CRT-P EL MRI |

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