

Advanced Treatment Strategies for Thrombus Management & Slow Flow



ClearWay™ RX
Local Therapeutic Infusion Catheter

Local Therapeutic Infusion Catheter

Rapid Exchange

.014"

Balloon Diameter	Balloon Length*	Catheter Length	Guidewire Size	Code #	Size Required	Quantity
1.0 mm	10 mm	134 cm	.014"	80200	<input type="checkbox"/>	_____
1.0 mm	20 mm	134 cm	.014"	80202	<input type="checkbox"/>	_____
1.5 mm	20 mm	134 cm	.014"	80208	<input type="checkbox"/>	_____
2.0 mm	20 mm	134 cm	.014"	80214	<input type="checkbox"/>	_____
2.5 mm	20 mm	134 cm	.014"	80220	<input type="checkbox"/>	_____
3.0 mm	20 mm	134 cm	.014"	80232	<input type="checkbox"/>	_____
3.5 mm	20 mm	134 cm	.014"	80244	<input type="checkbox"/>	_____
4.0 mm	20 mm	134 cm	.014"	80250	<input type="checkbox"/>	_____
2.0 mm	50 mm	134 cm	.014"	80217	<input type="checkbox"/>	_____
3.0 mm	50 mm	134 cm	.014"	80235	<input type="checkbox"/>	_____
4.0 mm	50 mm	134 cm	.014"	80253	<input type="checkbox"/>	_____

ClearWay™ OTW
Therapeutic Infusion Catheter

Therapeutic Infusion Catheter

Over the Wire

.035"

Balloon Diameter	Balloon Length*	Catheter Length	Guidewire Size	Code #	Size Required	Quantity
4.0 mm	10 mm	80 cm	.035"	85851	<input type="checkbox"/>	_____
5.0 mm	10 mm	80 cm	.035"	85853	<input type="checkbox"/>	_____
6.0 mm	10 mm	40 cm	.035"	85854	<input type="checkbox"/>	_____
6.0 mm	10 mm	80 cm	.035"	85855	<input type="checkbox"/>	_____
7.0 mm	10 mm	40 cm	.035"	85856	<input type="checkbox"/>	_____
7.0 mm	10 mm	80 cm	.035"	85857	<input type="checkbox"/>	_____
8.0 mm	10 mm	40 cm	.035"	85858	<input type="checkbox"/>	_____
8.0 mm	10 mm	80 cm	.035"	85859	<input type="checkbox"/>	_____
NEW 5.0 mm	50 mm	90 cm	.035"	85912	<input type="checkbox"/>	_____
NEW 5.0 mm	50 mm	140 cm	.035"	85913	<input type="checkbox"/>	_____
NEW 6.0 mm	50 mm	90 cm	.035"	85914	<input type="checkbox"/>	_____
NEW 6.0 mm	50 mm	140 cm	.035"	85915	<input type="checkbox"/>	_____

*Additional balloon lengths pending

To place an order or request product information, call Atrium Customer Service or your local sales professional. Federal (USA) law restricts this device to sale by or on the order of a physician.

Requesting Physician Notes: _____

Signature: _____ Date: _____



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