To: [Name of Surgeon or Facility Administrator]

From: [Patient Name]

Date: [Date]

Subject: Formal Request for Release and Preservation of Explanted Medical Devices

Dear [Name of Surgeon or Facility Name],

I am writing to provide formal notice regarding my upcoming explant surgery scheduled for [Surgery Date].

I am requesting that all removed medical devices (implants) and any associated tissue (capsules), if medically possible, be preserved and returned to me immediately following the procedure.

Please adhere to the following instructions:

- Do not dispose of, destroy, or send the implants to a third-party laboratory without my prior written consent.
- If the implants must be sent to pathology for medical necessity, I request that they be returned to me once the examination is complete.
- Please ensure the implants are cleaned of biological debris according to your facility's safety protocols and placed in a sealed, dry container.
- I am prepared to sign any necessary "Release of Liability" or "Waiver" forms required by the facility to facilitate the return of these items.

Please confirm receipt of this request and place a copy of this letter in my permanent medical file. If there are any facility policies that prevent the release of my implants, please provide those policies in writing prior to my surgery date.

Thank you for your assistance and cooperation.

Sincerely,

[Patient Signature]
[Patient Printed Name]
[Date of Birth]
[Phone Number]