

EXHIBIT 12

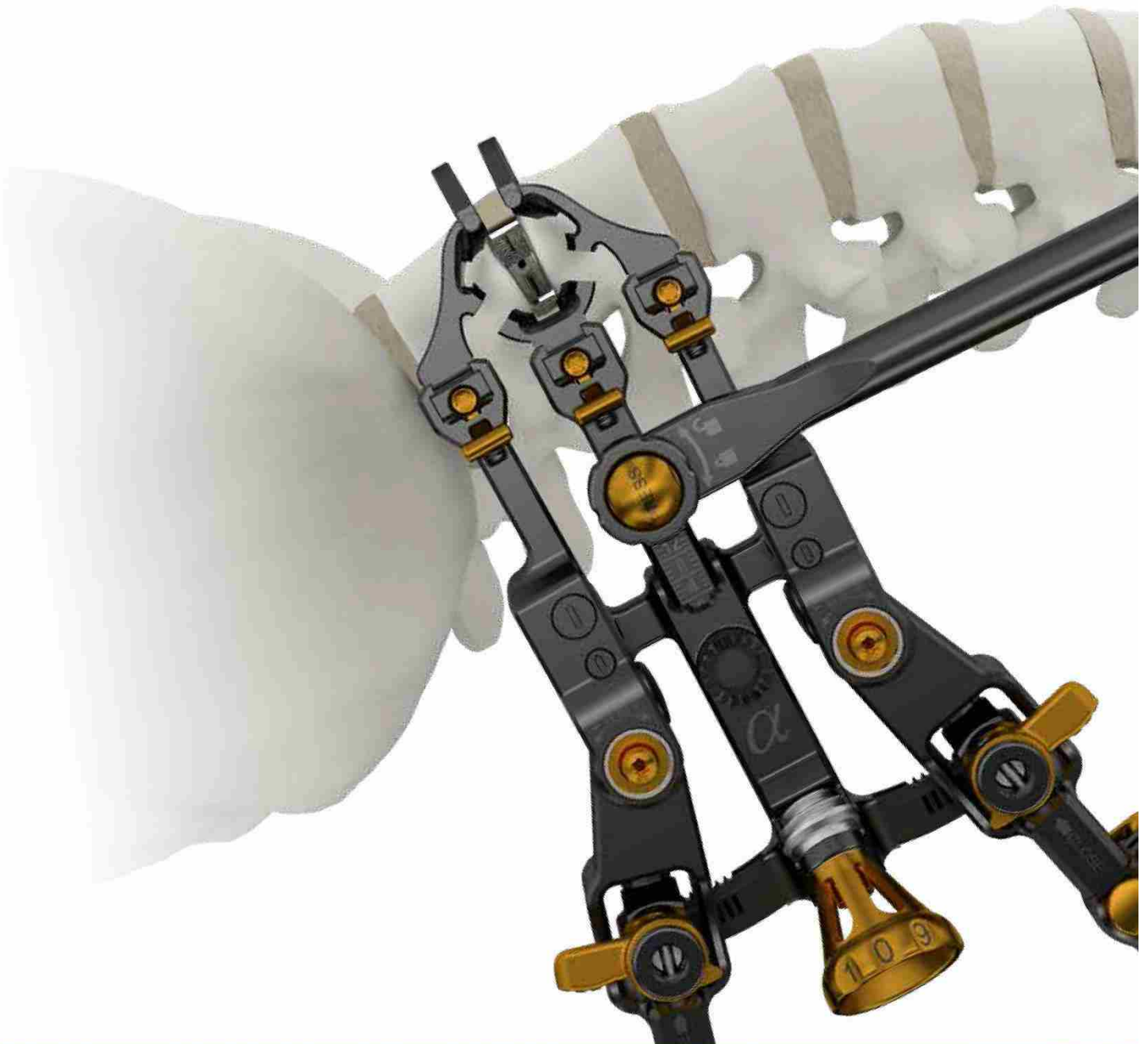
**TO THE DECLARATION OF BRIAN J. NISBET
IN SUPPORT OF DEFENDANTS' MOTION
FOR SUMMARY JUDGMENT OR, IN THE
ALTERNATIVE, SUMMARY ADJUDICATION**



LIF

Lateral Interbody Fusion

LATERAL APPROACH | Surgical Technique Guide



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PREFACE

Lateral Interbody System has been designed with surgeon utilization and patient outcomes in mind. The System features broad disc prep and implant offerings.

Lateral Interbody System features both standard (straight) and offset (cranial/caudal) disc prep options for surgeons to access each level of the lumbar spine.

The spine may be accessed using the ATEC Squadron® Retractor System. ATEC Squadron three-blade Retractor System features independent cranial/caudal blade movement, 0-5 degrees of parallel auto toe, ability to replace blades in-situ and the ability to raise and lower blades in-situ.

ATEC's lateral system is designed to be used with both IdentiTl and Transcend interbody spacers in the thoracic and lumbar spine.

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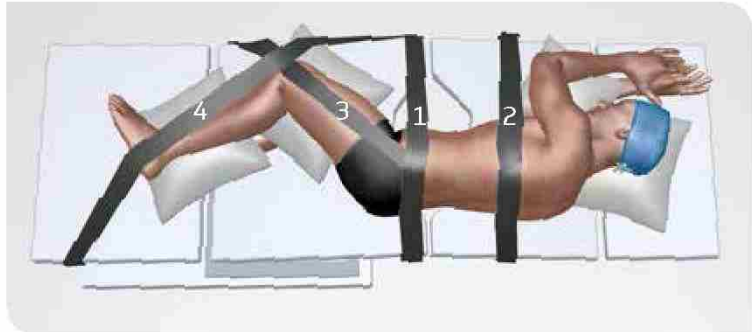
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1 PATIENT POSITIONING

Confirm that the surgical table is reversed before the patient is positioned so that fluoroscopy can be used. Place the patient in a lateral decubitus position on a bendable (breaking) table so that the patient's greater trochanter sits directly above the table break.



Lumbar Access

Following the patient's placement on the table, secure the patient with surgical tape. If the levels being accessed are in the lumbar spine, the patient should be taped at the following locations:

1. Below the iliac crest.
2. Over the thoracic region.
3. From the iliac crest to the knee, taking care to pad the peroneal nerve.
4. From under the table on the ipsilateral side, to the knee, past the ankle and then to the contralateral side under the table.

Verifying Appropriate Placement

- Use fluoroscopy to verify the location of the levels to be accessed. Once the patient is properly secured, adjust the table so that the C-arm is able to provide a true A/P image when at 0 degrees, and a true lateral position at 90 degrees.
- Adjust the table to the appropriate position depending on the level or levels being accessed.

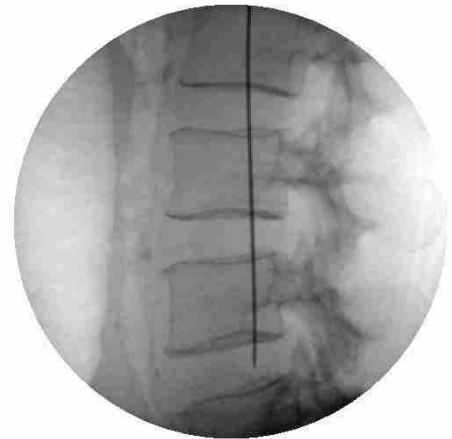


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2 LEVEL IDENTIFICATION AND INITIAL INCISION

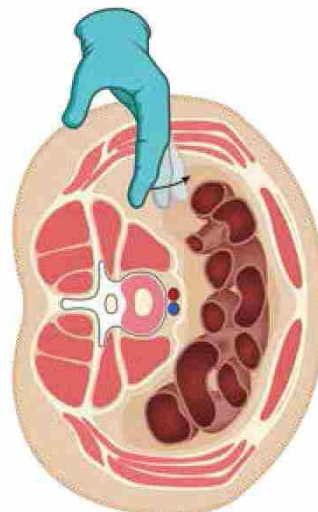
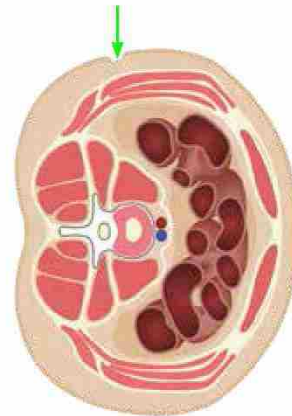
- Localize the level to be accessed using true lateral fluoroscopy. With ink, make a mark on the skin to serve as the location for the initial skin incision at the operative level.



3 RETROPERITONEAL ACCESS

- Through the incision, dissect subcutaneous tissue layers by alternating with blunt scissors and finger dissection until you are in the retroperitoneal space.

- Once inside the retroperitoneal space, carefully sweep the peritoneum anteriorly. Once the peritoneum has been swept anteriorly, use the index finger to palpate the psoas muscle.



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