

# OSSDSIGN® Cranial PSI DESIGN REQUEST FORM

Please complete your order by submitting this form together with your CT scans. To place your order, you may:

- 1) **Upload** both the form and CT scans to your Sharefile account,
- 2) **E-mail** the form to [order@ossdesign.com](mailto:order@ossdesign.com) and upload the CT scans to your Sharefile account, or
- 3) **Send** it via post, together with a CD of your CT scans, to the address below.

## CASE DATA

Operating surgeon \_\_\_\_\_ Hospital \_\_\_\_\_

Unique patient identifier\* \_\_\_\_\_ Operation date (if decided) \_\_\_\_\_

\* Please provide a unique identifier for this particular patient, e.g. a number and/or letter combination of your choice. This can be a name or a personal identification number, but please be aware that OssDsign will use this identifier in subsequent case communication and on product packaging.

## TARGET AREA

- Frontal bone       Occipital bone       Sphenoid bone  
 Parietal bone       Temporal bone      Total number of implants \_\_\_\_\_

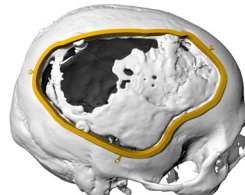
## IN CASE OF

Existing implant, will this be removed?

- Yes       No       No existing implant

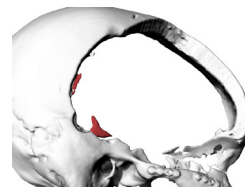
Removal of bone, is a Plastic Drawing Guide desired (additional cost)?

- Yes       No



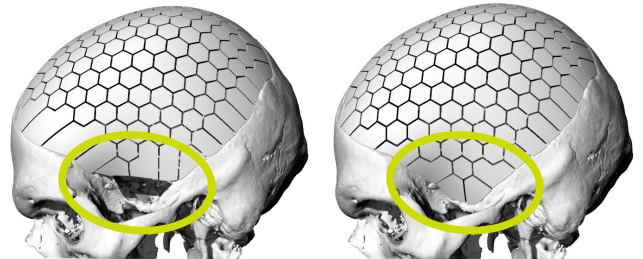
Minor bone irregularities along the defect perimeter, is it possible to trim these during surgery for optimal implant design?

- Yes       No



## IN REGARDS TO THE TEMPORAL REGION

Does the implant need to be designed with the temporal muscle in mind, i.e. compensation for extracted muscle, gap for existing muscle? (See illustration below)



**OSSDSIGN®**

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