

OSSDSIGN® Facial 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@ossdsign.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 _____

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	RIGHT	LEFT
Supraorbital	<input type="checkbox"/>	<input type="checkbox"/>
Zygoma	<input type="checkbox"/>	<input type="checkbox"/>
Paranasal	<input type="checkbox"/>	<input type="checkbox"/>
Mandible	<input type="checkbox"/>	<input type="checkbox"/>
Chin	<input type="checkbox"/>	<input type="checkbox"/>



Total number of implants _____

WHAT ARE THE PLANNED SURGICAL APPROACHES (E.G. BICORONAR, TRANSCONJUNCTIVAL ETC.)? THIS IS APPLIED DURING THE DESIGN AND POSITIONING OF THE FIXATION ARM.

ALREADY EXISTING IMPLANTS AT THE TARGET AREA? Yes No

IF YES, WILL THESE BE REMOVED? Yes No

IS THERE ANY DESIRED COMPENSATION TO KEEP IN MIND?

Photographs of the patient are helpful and can be attached with the CT scan.

DOES THE SOFT TISSUE IN THE AREA REQUIRE ANY SPECIAL CONSIDERATIONS?