

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@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

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 drawing guide desired (additional cost)?

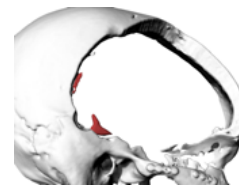
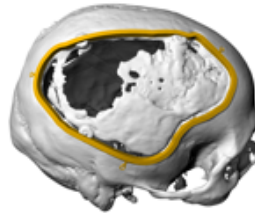
Yes

No

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

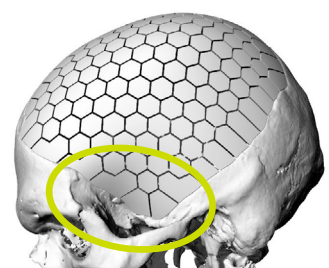
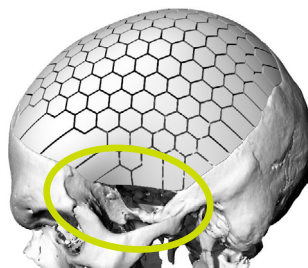
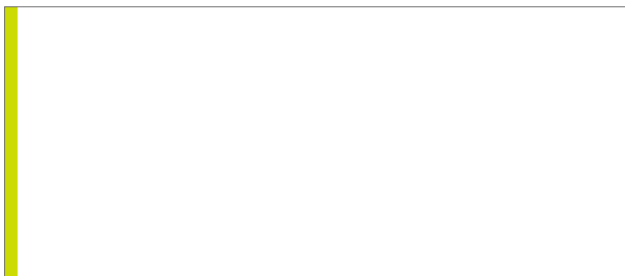
Yes

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)



ANY ADDITIONAL INFORMATION OR COMMENTS
