Request Custom-Made Prosthesis

(To be completed by the customer)



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Customer Data					
				Date:	
Customer Number:				Country:	
Physician:				Phone:	
Hospital:				E-Mail:	
Patient Data					
Patient ID: (Acc. to GDPR please do not use patient's full name)				Gender:	
Height in cm:				Weight in kg:	
Age / Date of Birth:				Affected Side(s):	
Medical Information					
Diagnosis / Descrip. of Pathology: (e.g. Arthrosis, Tumor, Fracture, Osteoporosis, etc.)					
Date of Last Implantation:			Allergy:	I	nfection:
Required Supply					
Intended Use: (e.g. Limb Salvage / Pain Reduction /					
Partial Function Recovery / etc.)					
Resection Information: (Length & Localisation)					
Required Implant(s): (Design Preferences, etc.)					
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Additional Standard Implant(s) / Instrument(s):					
Preferred Fixation in the Bone:		Inlay:		Bone Model:	
Planned Access / Pat. Positioning:			Coating:		
Imaging Material					
X-rays:	Yes N	0		Scale: (e.g. Coin-Ø / Marker-Ø)	
CT Data:	Yes N	0			
Timeline					
Scheduled Date of Surgery:			Desired	Delivery:	
Surgery Support Requested:	Yes N	0			
Electronic Approval					
Approval with electronic signature requested? Yes (please tick if desired)					