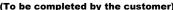
Request Custom-Made Prosthesis





·				nk.solutions · custon	
		Custome	er 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 Inf	ormation		
Diagnosis / Descrip. of Pathology:					
e.g. Arthrosis, Tumor, Fracture, Osteoporosis, etc.)					
Date of Last Implantation:			Allergy:		Infection:
Date of Last implantation.		_			intection.
		Required	Supply		
Intended Use: (e.g. Limb Salvage / Pain Reduction / Partial Function Recovery / etc.)					
Resection Information: (Length & Localisation)					
Required Implant(s): (Design Preferences, etc.)					
Additional Standard Implant(s) /					
Instrument(s):					
Preferred Fixation in the Bone:		Inlay/ Cup:		Bone Model:	
Planned Access / Pat. Positioning:			Coating:	i _k	
		Imaging I	Material		
X-rays:	Yes	No		Scale: (e.g. Coin-Ø / Marker-Ø)	
CT Data:	Yes	No			
		Time	line		
Scheduled Date of Surgery:			Desired	Delivery:	
Summary Summart Barriantadi	Yes	No			
Surgery Support Requested:					