Request Custom-Made Prosthesis

(To be completed by the customer)

customLINK

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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:**	please select
Height in cm:		**Weight in kg:**	
Age / Date of Birth:		**Affected Side(s):**	please select

Medical Information

Diagnosis / Descrip. of Pathology:
(e.g. Arthrosis, Tumor, Fracture, Osteoporosis, etc.)

Date of Last Implantation: | **Allergy:** please select | **Infection:** please select

Required Supply

Intended Use:
(e.g. Limb Salvage / Pain Reduction / Partial Function Recovery / etc.)
please select

Resection Information:
(Length & Localisation)

Required Implant(s):
(Design Preferences, etc.)

Additional Standard Implant(s) / Instrument(s):

Preferred Fixation in the Bone: please select | **Inlay/ Cup:** (for PPR) please select | **Bone Model:** Yes

Planned Access / Pat. Positioning: | **Coating:** please select

Imaging Material

X-rays: Yes ☐ No ☐ **Scale:** (e.g. Coin-Ø / Marker-Ø)

CT Data: Yes ☐ No ☐

Timeline

Scheduled Date of Surgery: | **Desired Delivery:**

Surgery Support Requested: Yes ☐ No ☐

Electronic Approval

Approval with electronic signature requested?
(for electronic approval you will receive an email with a link to sign via DocuSign; DocuSign is secure and compliant, free of charge and web-based)
☐ Yes (please tick if desired)