

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

Individual 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: Infection:

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: Bone Model:

Planned Approach/Pat. Positioning: Coating:

Imaging Material

CT Data: X-Rays: Scale:
(e.g. Coin-Ø / Marker-Ø)

Timeline

Scheduled Date of Surgery: Desired Delivery:

Surgery Support Requested: