Request for Quote
Synthes Patient Specific Implants

Please send:
1. Completed “Request for Quote” form
2. CT Scan/Optical Disc from radiology
   (with scanner type, date of scan, patient name/number on disc)

Mail to:
Synthes CMF
Attn: Patient Specific Implant Department
1301 Goshen Parkway
West Chester, PA 19380

Surgeon and Shipping Information:
Patient Specific Implants and skull models must be shipped directly to surgeon; no P.O. boxes. Please indicate exact name and location for model and implant to be shipped.

Surgeon name:  
Hospital name/Account number:

Phone number:  
E-mail address:

Secondary contact information (name, e-mail address, phone number):

Sales Consultant name:

Shipping Information:
☐ Consultant Home  ☐ Fedex Hold Station  ☐ UPS Hold Station  ☐ Storage or Office
☐ Ship to Account, attn:
☐ Other: (address, city, state, zip):

Patient number/name:  
Date of planned surgery:

Implant Information

Synthes suggests that surgery not be scheduled until Synthes receives the PO and the surgeon completes design validation.

Patient name*:  
Planned surgery date:

Patient ID number*:  
Scan date*:

Implant material (choose one):*  
☒ PEEK  ☐ Titanium

Design validation method (choose one):*  
☒ Skull model  ☐ CAD images via e-mail

Description of defect*:

Approximate defect location and shape (please draw/annotate defect):

*Denotes required fields

Contact: Patient Specific Implants Help Desk at (610) 719-6777, or by e-mail at psi@synthes.com

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