

Proplan CMF™.
Request for service—Anatomic Bone Model.

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 UPS Hold Station Storage or Office

Ship to Account, attn: _____

Other: (address, city, state, zip) _____

Patient number/name Date of planned surgery

**If Planned Models are required, complete a Request for Service Form for the desired procedure.
Request for Service Forms can be found at www.SynthesCSS.com**

Preview model via e-mail Yes, email surgeon Yes, email consultant No

If Yes is selected, image approval is required prior to manufacturing of the model.

For information regarding bone model materials see table below:

Anatomic model	Acrylic	Polyamide
Sterilizable	●	●
Colorizable*	●	
Ability to cut model	●	●

*Acrylic models can be colored to highlight anatomy as specified.

For acrylic models only—

Tooth roots and submental nerve will be colored for all mandible and maxilla models. If additional highlighting is preferred, indicate the anatomy/region**:

** A planning session may be required to indicated additional anatomy to be colored.

Notes

ProPlan CMF™.

Request for service—Anatomic Bone Model.

Step 2: Select model type

Please indicate model selected. When selecting models including the mandible, please indicate if mandible is to be attached or detached by selecting the appropriate box below the image.

Mandible



	Adult	Child†
Acrylic	<input type="checkbox"/> SD900.201	<input type="checkbox"/> SD900.261
Polyamide	<input type="checkbox"/> SD900.301	<input type="checkbox"/> SD900.361

Maxilla



	Adult	Child†
Acrylic	<input type="checkbox"/> SD900.202	<input type="checkbox"/> SD900.262
Polyamide	<input type="checkbox"/> SD900.302	<input type="checkbox"/> SD900.362

Orbits



	Adult	Child†
Acrylic	<input type="checkbox"/> SD900.203	<input type="checkbox"/> SD900.263
Polyamide	<input type="checkbox"/> SD900.303	<input type="checkbox"/> SD900.363

Mandible through Maxilla



Mandible attached Mandible detached

	Adult	Child†
Acrylic	<input type="checkbox"/> SD900.205	<input type="checkbox"/> SD900.265
Polyamide	<input type="checkbox"/> SD900.305	<input type="checkbox"/> SD900.365

Mandible through Orbits



Mandible attached Mandible detached

	Adult	Child†
Acrylic	<input type="checkbox"/> SD900.206	<input type="checkbox"/> SD900.266
Polyamide	<input type="checkbox"/> SD900.306	<input type="checkbox"/> SD900.366

Maxilla through Orbits



	Adult	Child†
Acrylic	<input type="checkbox"/> SD900.207	<input type="checkbox"/> SD900.267
Polyamide	<input type="checkbox"/> SD900.307	<input type="checkbox"/> SD900.367

Maxilla through Cranium



	Adult	Child†
Acrylic	<input type="checkbox"/> SD900.208	<input type="checkbox"/> SD900.268
Polyamide	<input type="checkbox"/> SD900.308	<input type="checkbox"/> SD900.368

Full



Mandible attached Mandible detached

	Adult	Child†
Acrylic	<input type="checkbox"/> SD900.209	<input type="checkbox"/> SD900.269
Polyamide	<input type="checkbox"/> SD900.309	<input type="checkbox"/> SD900.369

Cranial Cap



	Adult	Child†
Acrylic	<input type="checkbox"/> SD900.204	<input type="checkbox"/> SD900.264
Polyamide	<input type="checkbox"/> SD900.304	<input type="checkbox"/> SD900.364

To submit CT scan data and Request for Service (RFS) use one of the following ways:

Preferred Method:

Upload completed RFS and CT scan to ProPlan CMF Connect, or ProPlan CMF Online*

Alternative Method:

Mail via overnight delivery to:
Materialise
Attn: CMF Team
44650 Helm CT
Plymouth MI, 48170

Be sure to include:

1. Completed RFS Form
2. CT scan data archived onto a CD or disk; labeled with physician name, scanner type, CT technologist name and phone number

To submit data electronically:

Upload completed RFS and CT scan data to ProPlan CMF Connect, or ProPlan CMF Online.*Additional patient data (i.e. photos, cephalometric data and prior CT scans) may be uploaded concurrently with the RFS and CT scan data

For access to ProPlan CMF Connect go to www.synthesccs.com and follow the instructions in the Online Request section

* ProPlan CMF Online is for sales consultant use only

† Child models for patients ≤ 13 years of age

Some devices listed in this document may not have been licensed in accordance with Canadian law and may not be for sale in Canada. Please consult your Sales Consultant for items approved for sale in Canada.



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Proplan CMF Products are manufactured by:



www.synthes.com