
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) _____

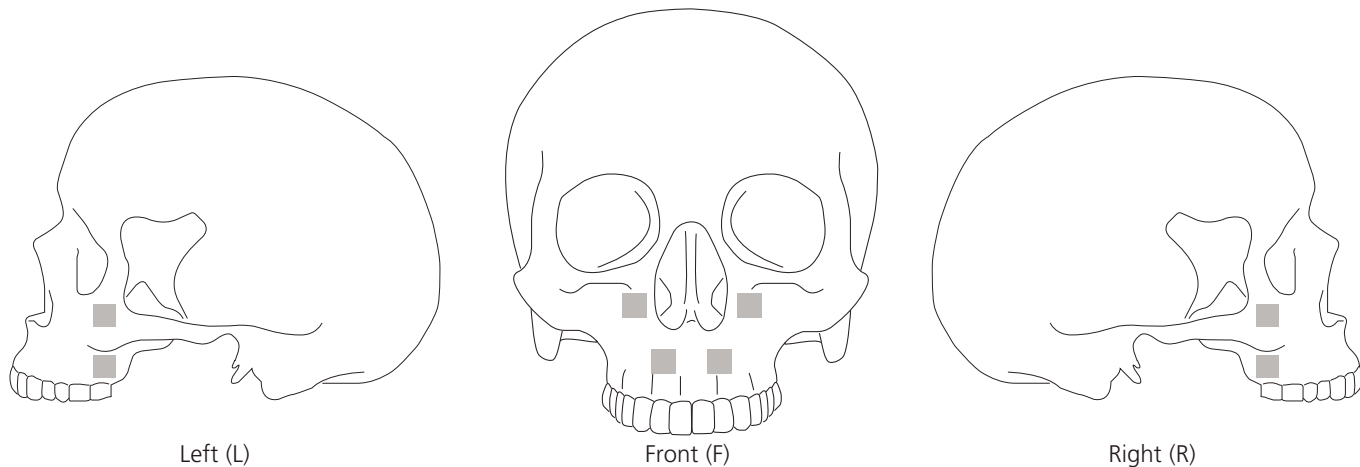
Patient number/name Date of planned surgery

I. Select distraction procedure

- Alveolar
- LeFort I
- LeFort III
- LeFort III with Monobloc
- Monobloc

Approximate length of distraction planned for the patient (mm) _____

Mark approximate location of osteotomies and distractor placement with (can be modified during the planning session) if completing electronically. Alternately if a hard copy is submitted, please draw predicted osteotomies and distractor placement.



Proplan CMF™.

Request for service—Craniofacial Distraction.

II. Select distractor type, if known (can be modified during the planning session)

1. Alveolar distractor

- Alveolar Distractor (titanium)

2. Internal LeFort I distractor

- Maxillary Distractor (stainless steel)

Fixation options for anterior footplate:

- Attached to maxilla
 Attached to dental splint

3. External midface distractor (LeFort I, III, Monobloc)

- External Midface Distractor (titanium)

Fixation options:

- Dental splint
 Maxillary footplate and rod
 Zygomatic footplate and percutaneous fixation screw

4. Internal LeFort III distractor

- Midface Distractor (titanium)

III. Kit configuration

- SD900.006 Patient Specific Instrument and Planning Kit—Distraction

Consists of:

- SD900.107 Patient Specific Guide, Distractor Positioning (2 ×)
- SD900.266 Anatomical Model, Child, Mandible through Orbit, Clear

IV. Additional bone models and guides

1. I would like to order additional patient specific bone models

- Yes No To be determined

Model to represent:

- Preoperative Planned outcome

Model anatomy:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Mandible | <input type="checkbox"/> Cranium |
| <input type="checkbox"/> Maxilla | <input type="checkbox"/> Full skull |
| <input type="checkbox"/> Mandible through maxilla | <input type="checkbox"/> Attached |
| <input type="checkbox"/> Attached <input type="checkbox"/> Separate | <input type="checkbox"/> Separate |

Bone model material:

- Acrylic, clear colorizable
- Teeth Nerve
- Other (e.g. screw position or mandible angle; defined during planning session)
- Polyamide

2. I would like to order additional surgical guides

- Yes No To be determined

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.synthescss.com and follow the instructions in the Online Request section

* ProPlan CMF Online is for sales consultant use only



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