

**ProPlan CMF™.**  
Request for service—Craniofacial Reconstruction.

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 \_\_\_\_\_

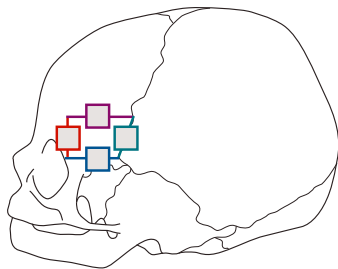
**Note: This request form should be used to order ProPlan CMF surgical guides only.**

**To order a Patient Specific Implant (PSI), complete the Request for Service Form—PSI. Select the option for ProPlan CMF surgical guides if needed in addition to the PSI.**

Type of reconstruction: \_\_\_\_\_

Desired measurements to view in the planning session and report: \_\_\_\_\_

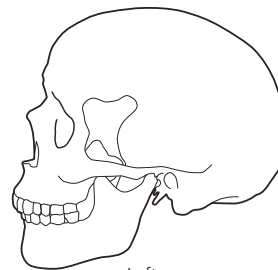
Mark approximate location of osteotomies, if applicable, with  if completing electronically. Alternately, if a hard copy is submitted, please draw predicted resections.



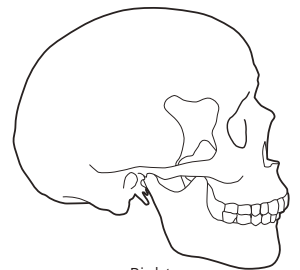
Left



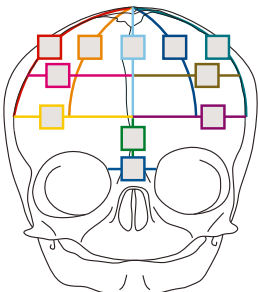
Right



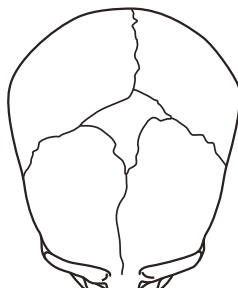
Left



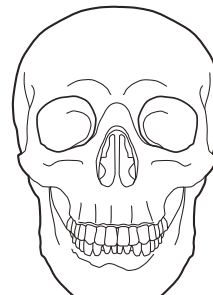
Right



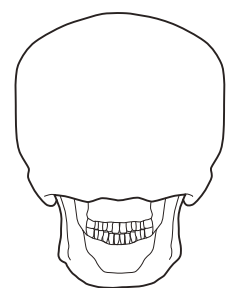
Front



Top



Front



Back

# Proplan CMF™.

## Request for service–Craniofacial Reconstruction.

### Kit Configurations (check box for desired kit)

Item number	Description	Patient Specific Guide, Cranium, Forehead	Patient Specific Guide, Cranium, Frontal Bandeau	Patient Specific Guide, Cranium, Graft	Anatomical Model, Maxilla-Cranium, Clear, preoperative	Anatomical Model, Maxilla-Cranium, Clear, planned outcome
SD900.010 <input type="checkbox"/>	Patient Specific Instrument and Planning Kit–Craniofacial Recon with Model	●	●	●	Choose one: <input type="checkbox"/>	
SD900.011 <input type="checkbox"/>	Patient Specific Instrument and Planning Kit–Craniofacial Recon without Model	●	●	●		
	Additional Patient Specific Guides	Choose all that apply:				
		<input type="checkbox"/> SD900.108	<input type="checkbox"/> SD900.109	<input type="checkbox"/> SD900.110		

### 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

Bone model material:

Acrylic, clear colorizable  
 Polyamide, white

#### 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.synthesccs.com](http://www.synthesccs.com) and follow the instructions in the Online Request section

\* ProPlan CMF Online is for sales consultant use only



Distributed by:  
DePuy Synthes CMF  
1302 Wrights Lane East  
West Chester, PA 19380  
Telephone: (610) 719-5000  
To order: (800) 523-0322  
Fax: (610) 251-9056

Synthes (Canada) Ltd.  
2566 Meadowpine Boulevard  
Mississauga, Ontario L5N 6P9  
Telephone: (905) 567-0440  
To order: (800) 668-1119  
Fax: (905) 567-3185

[www.synthes.com](http://www.synthes.com)

Proplan CMF Products are  
manufactured by:

