

ProPlan CMF™. Request for service— Mandible and Midface 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 _____

Select the products and services requested for this case:

ProPlan CMF Surgical Planning with guides and models

Yes (complete section 1)

No

Patient Specific Plate Contouring – PSPC

Yes (complete section 2)

No

Section 1

Graft Type (Select one)

Fibula free flap

Scapula free flap

Number of predicted segments _____

Iliac crest graft

Other grafts _____

No graft planned

Graft/Free Flap

CT data:

Patient specific

Generic

TBD

Side used for reconstruction:

Left

Right

TBD

Surgical Plan

The recipient vessels will connect to:

Left neck

Right neck

TBD/Not applicable

Neck dissection:

Open

Limited

TBD/Not applicable

The predicted resecting tissue is:

Malignant

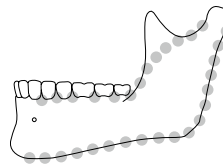
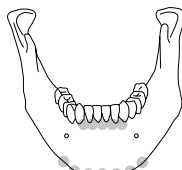
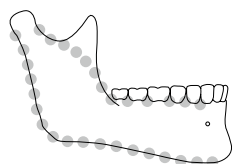
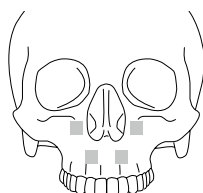
Benign

TBD/Not applicable

Notes

Predicted Resection and Reconstruction (Mandible and/or Midface Reconstruction)

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 resections.



Right (R)

Left (L)

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Kit Configurations (check box for desired kit)

| Description | Part number | Graft harvest guide | Planned outcome model mandible | Mandible cutting guide | Planned outcome model maxilla | Maxilla cutting guide |
|--------------------------------------|------------------------------------|--------------------------|--------------------------------|--------------------------|-------------------------------|--------------------------|
| Mandible Recon | <input type="checkbox"/> SD900.001 | ● | ● | ● | | |
| | <input type="checkbox"/> SD900.051 | ● | | ● | | |
| Basic Mandible Recon | <input type="checkbox"/> SD900.003 | ● | ● | | | |
| Midface Recon | <input type="checkbox"/> SD900.004 | ● | | | ● | ● |
| | <input type="checkbox"/> SD900.054 | ● | | | | ● |
| Basic Midface Recon | <input type="checkbox"/> SD900.056 | ● | | | ● | |
| Patient Specific Guide with planning | <input type="checkbox"/> SD900.111 | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |

Select cutting guide style: Through slot Along cutting guide wall TBD

For slotted cutting guide position slots on Anterior fibula surface Lateral fibula surface

Section 2

Bone models are provided for all PSpC cases. To communicate plate requirements use the notes and sketch section on page 1 of this RFS.

For ProPlan CMF cases that include a Patient Specific Plate Contoured (PSpC) (Please check all that apply)

| Plate type | System | Condylar Head |
|---------------------------------------|---|--|
| <input type="checkbox"/> Straight | <input type="checkbox"/> 2.0 mm Mandible Locking Plate (MLP) Large, 1.5 mm thick | <input type="checkbox"/> Condylar Head |
| <input type="checkbox"/> Angle, left | <input type="checkbox"/> 2.0 mm Mandible Locking Plate (MLP) Extra Large, 2.0 mm thick | <input type="checkbox"/> Condylar Head Add on quantity = _____ |
| <input type="checkbox"/> Angle, right | <input type="checkbox"/> 2.4 mm Locking Reconstruction Plate (LRP) | |
| <input type="checkbox"/> Double angle | <input type="checkbox"/> 2.0 mm Thick MatrixMANDIBLE <input type="checkbox"/> 2.5 mm Thick MatrixMANDIBLE <input type="checkbox"/> 2.8 mm Thick MatrixMANDIBLE ¹ | |

1. not available in Double Angle

The Patient Specific Plate Contoured (PSpC) will be supplied with the understanding that the surgeon will make the sole determination as to the use and application of the plate.

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

* ProPlan CMF Online is for sales consultant use only

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