

Proplan CMF™ .

Request for service—Orthognathic Surgery.

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 _____

Procedure

Maxillary surgery: Yes, specify below No
 1 piece 2 piece 3 piece
 Advancement: Setback TBD

LeFort I:

LeFort II:

LeFort III:

Predicted Movement: _____

Mandibular surgery: Yes, specify below No
 Advancement: Setback TBD

Left

Right

Sagittal Split

Sagittal Split

Vertical Ramus

Vertical Ramus

Predicted Movement: _____

Genioplasty: Yes No TBD

Desired Cephalometric Analysis to View in Planning Session. Select one or more of the following. Specify any additional views.

Steiner: Wits COGS Other _____

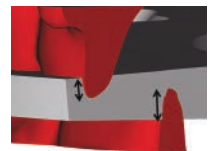
Additional patient information, such as 2D or 3D patient photos may be submitted for review during case planning. See reverse for instructions on submitting images.

Kit configurations: (Choose all that apply)

- Patient Specific instrument and Planning Kit—Orthognathic Kit, two Splints (SD900.008)
 - Maxilla movement first
 - Mandible movement first
- Patient Specific instrument and Planning Kit—Orthognathic Kit, one Splint (SD900.009)
 - Intermediate splint required
 - Maxilla movement first
 - Mandible movement first
 - Final splint required

Tooth impression depth: (Choose one)

- Shallow (1 mm)
- Medium (Up to braces bracket)
- Deep (Including braces bracket)



Width of buccal contour

- Thin (1 mm outside of tooth impression)
- Wide (3 mm outside of tooth impression)



Optional anatomic model mandible-orbit, clear (SD900.206) (choose all that apply)

- Preoperative Postoperative Intermediate

Above models are acrylic material, for additional model configurations or material, please see the separate Request for Service for Anatomic Bone Models form.



Comments/Notes _____

ProPlan CMF™.

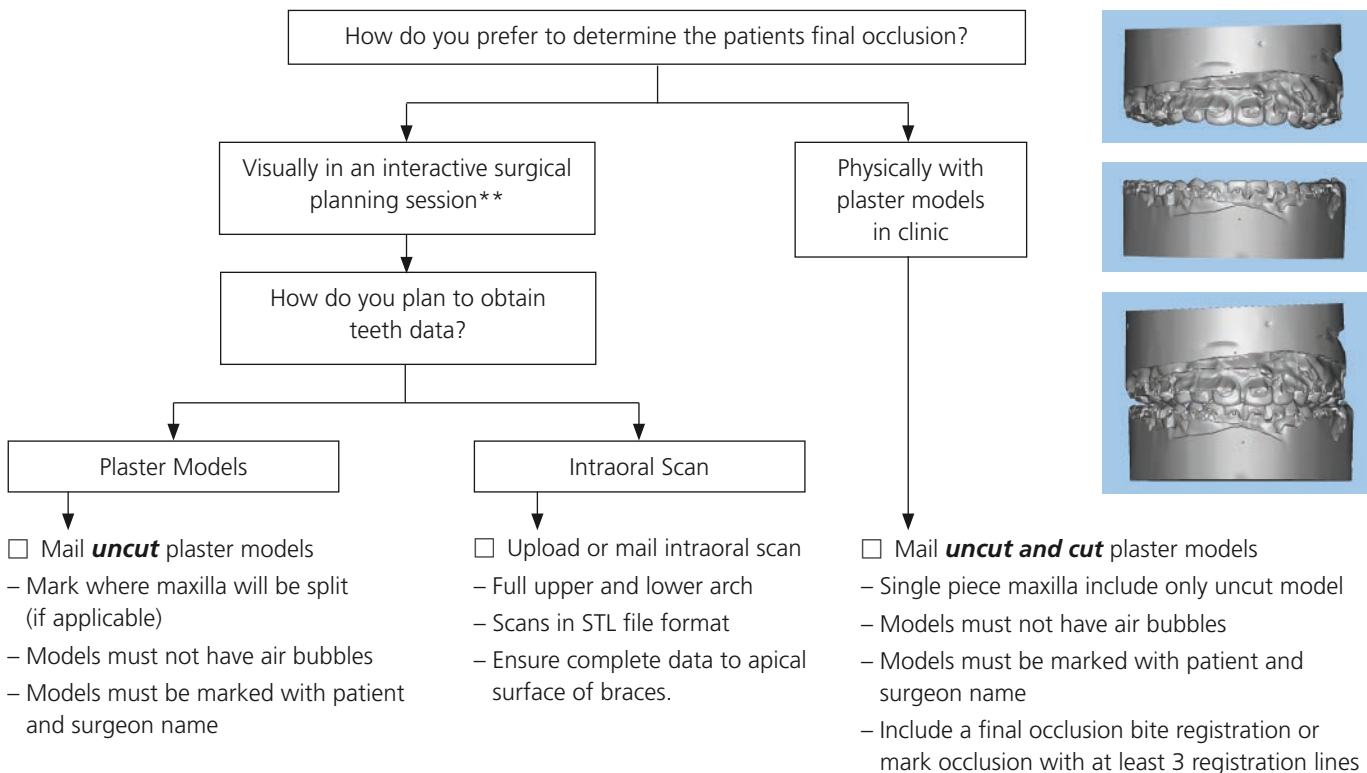
Request for service—Orthognathic Surgery.

Steps to initiate your request

- Complete Request for Service Form
- CT or CBCT scan
Scan patient according to the ProPlan CMF scanning protocol. To download the protocol, visit www.synthescss.com.
Follow the links for Planning, then Resources.
- Provide dentition data (options below)
- Optional: Provide additional images or information such as patient photos and cephalometric data

Dentition Data

To manufacture surgical splints with accurate dentition data, Synthes requires high resolution data of the teeth. Synthes offers three options to provide high resolution dentition data. Use guide below for details:



** This will not provide tactile feedback of teeth making contact and will instead be determined visually.

Notes:

- 1. The orthognathic splints will be manufactured according to the dentition data provided.
Ensure that the data is accurate and cooresponds to the patient's data as intended at the time of surgery.
- 2. Dentition data (plaster models and intraoral scans) must be taken \leq 1 month prior to scheduled surgery.

To submit data electronically:

Upload completed RFS and CT/CBCT scan data to ProPlan CMF Connect, or ProPlan CMF Online.* Additional information, such as patient photos, intraoral scan and cephalometric data may be uploaded concurrently with the RFS and CT/CBCT 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

Shipping:

To submit plaster cast model or intraoral scan CD. Make sure the model or CD is well packed and protected in a solid box. The model or CD will not be returned.

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



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Proplan CMF Products are
manufactured by:



www.synthes.com