

PRODUCT REQUEST FORM

1. SURGEON DETAILS				
Surgeon Name		Specialty		
Surgeon Address				
Phone No.		Email		
2. PRODUCT DETAILS				
Product Type	<input type="checkbox"/> Implant <input type="checkbox"/> Surgical BioModel <input type="checkbox"/> Other			
Material Type: <i>(Implants only)</i>	<input type="checkbox"/> Acrylic <input type="checkbox"/> StarPore <input type="checkbox"/> Titanium Mesh <input type="checkbox"/> TBC			
Standard features: <i>(Implants only)</i>	Fixation holes <i>(for Acrylic implants only)</i>	Temporalis suture holes <i>(for Acrylic implants only)</i>	Drainage holes <i>(for Acrylic and StarPore implants only)</i>	Temporal gap <i>(for implants in the temporal region only)</i>
Additional Options:	<input type="checkbox"/> Sterile Implant <input type="checkbox"/> No BioModel required <input type="checkbox"/> Include a resection template <input type="checkbox"/> Provide an extra Implant (includes additional costs) <input type="checkbox"/> Include SkullPro			
By submitting this form, the surgeon approves inclusion of the standard features. See page 2 for specification of the standard features or to enter additional requirements.				
3. SURGERY DETAILS				
Surgery Date		Required Date		
Delivery Address				
Receiver's Name				
4. PATIENT DETAILS				
Patient Name				
Date of Birth		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
5. BILLING DETAILS				
Invoice who?	<input type="checkbox"/> Hospital <input type="checkbox"/> Patient <input type="checkbox"/> Insurance Co. <input type="checkbox"/> Other <i>(Please specify)</i>			
Details				
6. RADIOLOGY				
CT scan done?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If No, when & where?	
7. CONTACT DETAILS				
Ordered by (Print)		Email address		

Mail with CT scan on disc to the address below or fax this form to: **+613 9529 8099**



STANDARD FEATURES	
Fixation holes <i>(for Acrylic implants only)</i>	1.4 mm diameter, penetrate through the implant, perpendicular to the implant surface, placed 5-8mm from the edge and always in the furthest extents (corners) with additional holes 10-15mm apart around the entire implant.
Temporalis suture holes <i>(for Acrylic implants in the temporal region only)</i>	Evenly spaced pairs of 3mm diameter holes 15mm apart with a 10mm counter sink on the inside surface, placed 5mm below the temporal line in a parallel arc. Hole pairs should extend posteriorly 70 – 100mm from the mid-lateral orbital rim.
Drainage holes <i>(for Acrylic and StarPore implants only)</i>	3 mm diameter, penetrate through the implant, perpendicular to the implant surface, spaced 15 – 25mm in a grid pattern across the implant body.
Temporal gap <i>(for implants in the temporal region only)</i>	Between the bony defect margin and the implant in the temporal region when the defect extends below a line extending from the top of the EAM and the superior orbital rim.
ADDITIONAL REQUIREMENTS OR CLINICAL DETAILS	

