PRODUCT REQUEST FORM

1. SURGEON DETAILS			
Surgeon Name		Specialty	
Surgeon Address			
Phone No.		Fax No.	
2. PRODUCT DETAILS			
Product Type	☐ Implant ☐ Surgical BioModel ☐ Other		
Material Type: *(Implants only)*	☐ Acrylic ☐ Titanium ☐ Silicone ☐ StarPore ☐ TBC		
Fixation Type: *(Implants only)*	☐ Straight plates ☐ Double-Y plates ☐ Clamp ☐ TBC		
Additional Options: *(Implants only)*	☐ Pre-drill 3mm dura/drainage holes (standard) ☐ Pre-drill temporalis muscle suture holes ☐ Include a resection template (for bony tumour cases) ☐ Provide Implant sterile (adds 1 week to delivery)		
BioModel requirements or clinical details			
3. SURGERY DETAILS			
Surgery Date		Required Date	
Delivery Address			
Receiver's Name			
4. PATIENT DETAILS			
Patient Name			
Date of Birth		Sex	☐ Male ☐ Female
5. BILLING DETAILS			
Invoice who?	☐ Hospital ☐ Patient ☐ Insurance Co. ☐ Other *(Please specify)*		
Details			
6. RADIOLOGY			
CT scan done?	☐ Yes ☐ 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**

QR-72-01-3 R7

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