Request for custom made prosthesis

(must be completed by the customer)

Customer data

		Date:	
Customer:		**Country:**	
Physician:		**Phone:**	
Hospital:		**E-Mail:**	

Patient data

Name / Patient-ID:		**Sex:**	
Weight in kg:		**Height in cm:**	
Date of birth:		**Side concerned:**	

Medical information

Diagnosis: (e.g. tumor, fracture, etc.)	
Intended use: (e.g. limb salvage, pain reduction, partly functional recovery, etc.)	
Required supply:	
Required instrumentarium:	
Resection information: (length and localisation)	

Fixation:		**Allergies:**		**Osteoporosis:**	
Coating:		**Infections:**		**Soft tissue damage:**	

Additional information

X-Rays:		**Scale:** (e.g. 1:1, coin diameter)	
CT- / MRI-Data		**Bone model:**	

Dates

Scheduled date of surgery:	
Required date of dispatch:	
Surgery attendance required:	