

Contact person

Medical and technical Prof. Dr. med D. Wolter, Dr. F. Wolter or substitute
Dipl.-Ing. Helge Kuhn, A. Olsson or substitute

Order for patient specific implant

(acc. EU Guideline „Medical Devices“ 93/42 EWG, Appendix VIII)

Delivery within 72 hrs. after planning has been finalized.

Order-number: SI-_____ Date of receipt (Date & Time) _____
(completed by litos/) (completed by litos/)

A. Customer/surgeon

- Chief phys. Sen. phys. doctor _____ Customer-Id.-No. _____
- Phone (for recall purposes) _____ Fax/email _____
- Hospital/department: _____
- Billing address/cost unit _____
- Order Number (purchasing) _____
- Shipping address _____
(e.g. operation theatre, central sterilization)

B. Patient data (This device is exclusively intended to be used for the patient under section B.)

- Name _____ Date of birth _____
- Weight _____ kg Body height _____ m
- Diagnosis _____
- planned therapy _____
- chronic diseases and risk factors _____
(e.g. diabetes, osteoporosis, adiposity, nicotine abuse, alcohol abuse, drug addiction, ...)
- Known metal allergies? no Titanium Stainless steel
- Are any metal implants already nearby? yes no
- If yes, which: _____ Material: Titanium Stainless steel other _____
- picture-giving procedures
 - X-ray of the injured bone (2 planes) (preferably digitised incl. scale)
 - X-ray of the intact bone opposite side with scale (preferably digitised incl. scale)
 - CT if available, overview with scale

Comment:

For the production of the patient specific implant it is **indispensable** that the supplied picture documents are provided with a **scale**. So the holes can be defined clearly, in order to ensure an optimal introduction of the forces in the bones. The length of the injured bone can be taken out of the x-ray of the intact opposite side. A small as possible damage of the blood circulation with sufficient stability can be achieved.

Planned date of surgery _____ **Date of delivery** _____

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C. Specific user needs (include sketch if necessary)

D. Confirmation

With the signature the surgeon/customer commits to give feedback and/or reporting during the entire healing and/or treatment process.

In particular the following information and/or documents are to be made available for the company litos/ without request:

1. An x-ray after treatment with patient specific implant and an x-ray after treatment conclusion and/or re-implantation of the specific implant.
2. If necessary a written report of arisen complications during the treatment.
3. A written feedback over the success/failure of the treatment.

Date: _____ **Name:** _____ **Signature:** _____

E. Request examined for completeness (completed by litos/)

Notes:

Date: _____ **Name:** _____ **Signature:** _____