

VSP® Reconstruction

Virtual Surgical Planning

Surgeon and patient information

| | | | |
|-------------------------------|--|----------------|--|
| Surgeon name (head and neck): | | | |
| Phone number: | | Email address: | |
| Surgeon name (microvascular): | | | |
| Phone number: | | Email address: | |
| Hospital affiliation: | | | |

| | |
|--------------------------|--|
| Patient name/identifier: | |
| Patient DOB: | |
| Surgery date: | |
| Rigid fixation vendor: | |
| Sales rep name: | |

Proposed web meeting

| | | |
|----------------|--|--|
| Date and time: | | (3-5 business days from receipt of ALL data, minimum of 5 business days prior to surgery) |
|----------------|--|--|

Case Type

| | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> VSP Cranial | <input type="checkbox"/> VSP Distraction | <input type="checkbox"/> VSP Trauma |
| <input type="checkbox"/> Maxilla / Mandible Reconstruction (if selected, please fill in the additional information below) | | |

Maxilla / Mandible Reconstruction Information

| | | | | | | | | | | | | |
|--|---|--------------------------------------|----------------------------------|----------------------------------|--------------------------------|---|--|---|---|---|---|---|
| Graft type: | <input type="checkbox"/> Fibula | <input type="checkbox"/> Iliac crest | <input type="checkbox"/> Rib | <input type="checkbox"/> Scapula | <input type="checkbox"/> Other | Predicted graft segments in reconstruction: | 1 | 2 | 3 | 4 | 5 | 6 |
| Graft used for reconstruction: | <input type="checkbox"/> Left | | <input type="checkbox"/> Right | | | Graft positioned on: | <input type="checkbox"/> Inferior mandible border | | | | | |
| Graft data: | <input type="checkbox"/> Patient specific | | <input type="checkbox"/> Generic | | | Notes | <input type="checkbox"/> ____ mm from inferior mandible border | | | | | |
| The pedicle will emerge from (check all that apply): | <input type="checkbox"/> Ant | | <input type="checkbox"/> Post | | | | | | | | | |
| | <input type="checkbox"/> Left | | <input type="checkbox"/> Right | | | | | | | | | |

Notes



Completed order form can be emailed to vsp@3dsystems.com.

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