

# CMF customized implant order form

Phone Number: 855 4 SYK CCI (479 5224)  
 Fax to: 855 256 2860  
 Email to: CMFCustomizedImplants@stryker.com

## Case information **Must** complete box below.

Facility name: \_\_\_\_\_  
 Surgeon name: \_\_\_\_\_  
 Patient first name: \_\_\_\_\_  
 Patient last name: \_\_\_\_\_  
 Patient DOB: \_\_\_\_\_ Sex: M F

Surgery Date: \_\_\_\_\_ PO #: \_\_\_\_\_  
 Sales Rep Name: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Design information **Must** complete one craniofacial and/or cranial implant column. \* denotes the default option

### Craniofacial implant

Material	PMMA	PEEK	MEDPOR
Wall design	Midface full thickness*	Craniofacial full thickness*	Midface full thickness* Midface augmentation Mandible augmentation

### Cranial implant

Material	PMMA	PEEK	MEDPOR
Wall design	Tapered towards thin bone* Constant thickness	Tapered towards thin bone* Constant thickness Pterional Plus	Full thickness tapered* Full thickness constant Minimal thickness constant Pterional Plus
Fit	Standard fit*	Standard fit* Surgical fit (additional clearance)	Inlay Standard fit* Augmentation Inlay Surgical fit (additional clearance) Flanged
Wall thickness	As proposed by designer* 4mm      5mm      6mm	3.3mm    4mm    5mm*    6mm	
Local implant trimming	No* Yes Please indicate location in Comments above	No* Yes Please indicate location in Comments above	No* Yes Please indicate location in Comments above
Dura suture hole number	None* 1-4 pairs (Depending on implant size)	None* (1-6 pairs/user choice) 1-4 pairs (Depending on implant size) Full dura suture hole pattern	<b>To be completed by the Stryker CCI team:</b> Case #: _____ Initials: _____ Date: _____
Dura suture hole diameter	2mm*	2mm    3mm*	