

# CMF customized implant order form

Phone Number: 855 4 SYK CCI (479 5224)  
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 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	PEEK	MEDPOR
Wall design	Craniofacial full thickness*	Midface full thickness* Midface augmentation Mandible augmentation

### Cranial implant

Material	PEEK	MEDPOR
Wall design	Tapered towards thin bone Constant thickness Pterional Plus	Full thickness tapered* Full thickness constant Minimal thickness constant Pterional Plus
Fit	Standard fit* Surgical fit (additional clearance)	Inlay Standard fit* Augmentation Inlay Surgical fit (additional clearance) Flanged

### Wall thickness

3.3mm      4mm      5mm\*      6mm

### Local implant trimming

No\*  
Yes Please indicate location in Comments above

### Dura suture hole number

None\* (1-6 pairs/user choice)  
 1-4 pairs (Depending on implant size)  
 Full dura suture hole pattern

### Dura suture hole diameter

2mm      3mm\*

### To be completed by the Stryker CCI team:

Case #: \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_