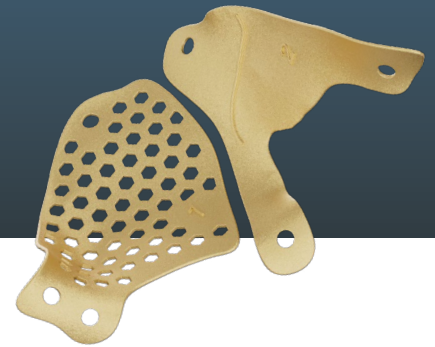
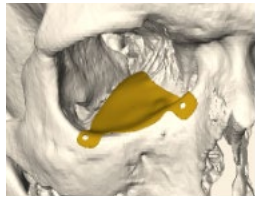
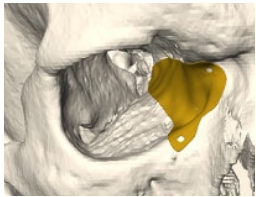
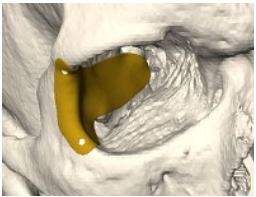


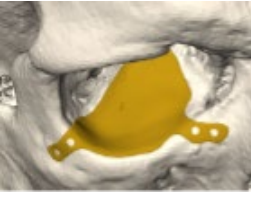
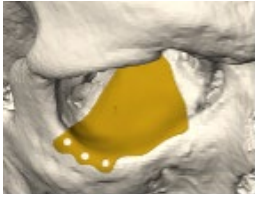
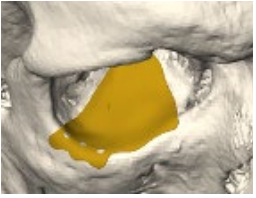
# Facial iD<sup>®</sup> Orbital

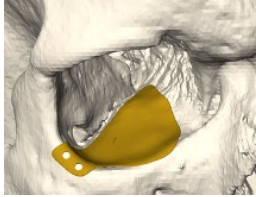
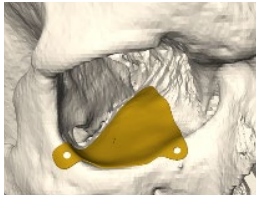


## Product specifications order form

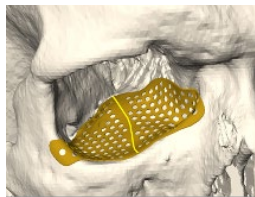
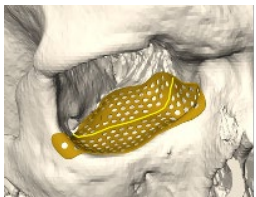
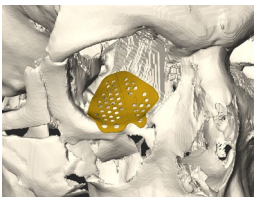
<b>Number of implant(s)</b>	1	2	3	4	5	6	Please specify how implants will be distributed:
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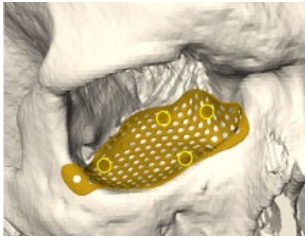
<b>Area</b>	Orbital floor 	Medial wall 	Lateral wall 	Combined, please specify (include number of requested implants):
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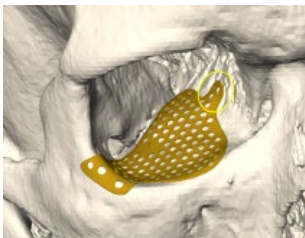
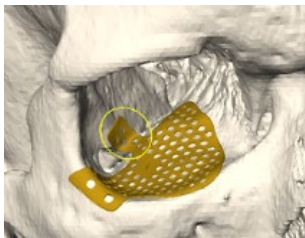
<b>Screw hole positions</b>	Integrated into the implant surface		As a flange / arm 	Combined / other, please specify:
	Screws on the anterior portion of the rim 	Screws on the posterior portion of the rim 		

<b>Number of screw holes</b>	Minimum of 2, side by side 	Minimum of 2, distributed 	Other / more than 2 screw holes, please specify:
	Medial part Lateral part Center / middle	Medial part Lateral part Center / middle	

<b>Surface</b>	<p>Mesh</p> 	<p>Solid</p> 	<p>Hybrid (mesh and solid combined)</p> 	<p>If Hybrid, provide information on location of solid and mesh portions:</p>
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<b>Navigation line</b>	<p>Anterior to posterior</p> 	<p>Medial to lateral</p> 	<p>Infraorbital foramen to optic canal</p> 	<p>Other, please specify:</p>
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<b>Navigation dots</b>	<p>Three/four points well distributed over implant</p>		<p>Other, please specify:</p>
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<b>Special options</b>	<p>Extension to medial wall</p> 	<p>Extension to lateral wall</p> 
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