

Virtual Surgical Planning

Order form for CAD/CAM splints and surgical models

Surgeon and patient information

Surgeon name:			
Phone number:		Email address:	
Additional contact:			
Hospital affiliation:			

Patient name/identifier:	
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)

Clinical measurements

Attach clinical measurement worksheet or complete this section:

Upper dental midline deviation (mm):	<input type="checkbox"/> Right	<input type="checkbox"/> Left		
Incisor show at rest (mm):				
Eye dystopia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:	<input type="checkbox"/> R eye superior <input type="checkbox"/> L eye superior
Eye dystopia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes:	<input type="checkbox"/> R eye superior <input type="checkbox"/> L eye superior

Planned surgical methods

<input type="checkbox"/> Single jaw surgery	<input type="checkbox"/> Double jaw surgery	If double jaw, which surgery will be performed first?		<input type="checkbox"/> Maxillary	<input type="checkbox"/> Mandibular
Maxillary surgery		Mandibular surgery		Chin surgery	
<input type="checkbox"/> LeFort I	<input type="checkbox"/> 1 Piece	<input type="checkbox"/> 2 Piece	<input type="checkbox"/> 3 Piece	Left	Right
<input type="checkbox"/> LeFort II				<input type="checkbox"/> Sagittal split	<input type="checkbox"/> Sagittal split
<input type="checkbox"/> LeFort III				<input type="checkbox"/> Vertical ramus	<input type="checkbox"/> Vertical ramus
				<input type="checkbox"/> Inverted L	<input type="checkbox"/> Inverted L
				TMJ replacement surgery	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Notes



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

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CMF-SS-2_Rev. None_14138
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