

Anatomic models

Order form

| | | |
|-------------------------------|--|----------------|
| Purchase order number: | | |
| Surgeon name: | | |
| Phone number: | | Fax number: |
| Email address: | | |
| Surgeon signature: | | Date: |
| Stryker representative: | | |
| Patient name: | | Date of birth: |
| CT facility: | | CT scan date: |
| CT facility phone number: | | |
| Date model needed: | | |
| Hospital: | | |

**Completed order form can be
faxed to 1 720 643 1009
or emailed to
anatomicalmodels@3dsystems.com**

MM-557 Rev B

Toll Free: 844 643 1001

Opaque anatomical models

Clear anatomical models

| | | | | | | | |
|--|--|-----------|------------|---|---|-----------|------------|
|  | <input type="checkbox"/> Opaque mandible | 650000011 | Qty. _____ |  | <input type="checkbox"/> Clear mandible | 650000006 | Qty. _____ |
|  | <input type="checkbox"/> Opaque maxilla | 650000012 | Qty. _____ |  | <input type="checkbox"/> Clear maxilla | 650000007 | Qty. _____ |
|  | <input type="checkbox"/> Opaque mandible and maxilla | 650000013 | Qty. _____ |  | <input type="checkbox"/> Clear mandible and maxilla | 650000008 | Qty. _____ |
|  | <input type="checkbox"/> Opaque full skull, adult | 650000014 | Qty. _____ |  | <input type="checkbox"/> Clear full skull, adult | 650000009 | Qty. _____ |
|  | <input type="checkbox"/> Opaque full skull, pediatric (up to 5 years) | 650000015 | Qty. _____ |  | <input type="checkbox"/> Clear full skull, pediatric (up to 5 years) | 650000010 | Qty. _____ |

Coloration

- | | |
|---|--|
| <input type="checkbox"/> Teeth and tooth buds | <input type="checkbox"/> Inferior alveolar nerve |
| <input type="checkbox"/> Existing implants | <input type="checkbox"/> Soft tissue tumor |
| <input type="checkbox"/> Other | |

- | |
|---|
| <input type="checkbox"/> CT brain with out contrast |
| <input type="checkbox"/> CT MaxilloFacial with out contrast |

Diagnosis with ICDA codes _____

CPT codes _____

CT scanning protocol

Thank you for taking a moment to read this protocol. The quality of the CT or CBCT scan is the most important aspect of creating case-specific anatomical models. Your observation of the recommendations made in this protocol will have a significant impact on the accuracy of the final model. We understand concerns about keeping the radiation dose to your patients as low as reasonably achievable, therefore, please apply these guidelines as appropriate to your patients. Please do not hesitate to contact us toll free at (844) 643-1001 with any questions or prior to using this protocol for the first time.

Please keep in mind the following key points

- Please use a 3D scanning routine that provides high resolution images as would be suitable for image guided surgery, stereotactic planning or other 3D applications. It may be useful to consult with your CT vendor's Application Specialist for advice on optimal parameters for your machine that provide the best scan with acceptable radiation dose levels.
- Acquire scans at a high spatial resolution. Series should be acquired with thin, contiguous image slices (equivalent thickness and spacing of 1.25 mm or less) and as small a field of view (FOV) as possible while still including the patient's anatomy of interest.
- Please provide images in the original scanning plane. If software post-processing is performed to reorient or reformat the scan volume, then a series of thin slice images in the original acquisition plane MUST be included.
- Do not use gantry tilt during image acquisition. Images acquired with gantry tilt then post-processed to reorient images (i.e. "take out" tilt) are not acceptable.
- Please ensure that scans are free from motion artifact. Patient must remain completely still through the entire scan. If patient motion occurs, the scan must be restarted. Image distortion from patient motion can severely compromise the accuracy of a model.
- Image artifact caused by metallic implants can obscure anatomy of interest. Please take steps to minimize artifact from the presence of metal. It is useful to position the patient so that the occlusal plane is parallel to the image plane (see figure). This can help to limit artifact from metallic dental restorations to the region around the teeth.
- Archive the entire study in uncompressed DICOM format on CD-R or DVD for shipping.

A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

The information presented is intended to demonstrate the breadth of Stryker product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any Stryker product. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area.

Please visit
www.3dsystems.com/medicaldata for digital transfer of DICOM images.

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 MM-509 Rev C

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Recommended protocol for medical CT scanners

| | |
|----------------------|--|
| Scan spacing | 1.25 mm (equal to slice thickness) |
| Pixel size | 0.60 mm (equal to scan spacing) |
| Field of view | 20.0 - 25.0 cm |
| Algorithm (examples) | GE: standard (not bone or detail) (Siemens: H30s, Toshiba: FC20, Philips: B) |
| Gantry tilt | 0° |
| Archive media | CD or DVD |
| File type | DICOM (uncompressed) |
| Series | Original/primary/axial (no recon, reformat or post process data) |

Recommended protocol for medical CBCT scanners

| | |
|----------------|-------------------------|
| Scan time | Longest available |
| Voxel size | 0.3 - 0.5mm |
| Field of view | Largest available |
| File type | CT (one file per slice) |
| Reconstruction | Axial |
| Compression | Uncompressed |

Patient positioning

Occlusal plane should be parallel to the gantry.

