ACCUSHAPE® PEEK Cranial Implant Service Request

CASE INFORMATION							
Patient Name		Surgery Date	Surgery Date		/	□ Not Scheduled	
Hospital		Delivery Dat	Delivery Date		//		
Surgeon	Surg		Surgeon Email				
Distributor		Rep Phone	Rep Phone				
Representative		Rep Email					
IMPLANT OPTIONS							
Customization Images shown are generic. Edge design may vary depending on patient anatomy.	Drainage Holes Select one Select one Default None None Other Please specify Additional Holes Select one or more Fixation Holes Other Please specify		Defa	ndard Edge			
SERVICE OPTIONS							
Additional Items Select all that apply.	Full Skull Model Implant Template Model Peri-Defect (Host Bone) Model						
Additional Instruction	15	Ship To					



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