ACCUPLAN® CMF Reconstruction Service Request

MedCAD

CASE INFORMATION

Patient Name		Surgery Date	___ / ___ / ___ Not Scheduled
Hospital		Requested Meeting	___ / ___ / ___ at ___ : ___ AM PM Will be confirmed after ALL data submitted.
Surgeon		Surgeon Time Zone	
Distributor		Rep Phone	
Representative		Rep Email	

HEAD & NECK PLAN

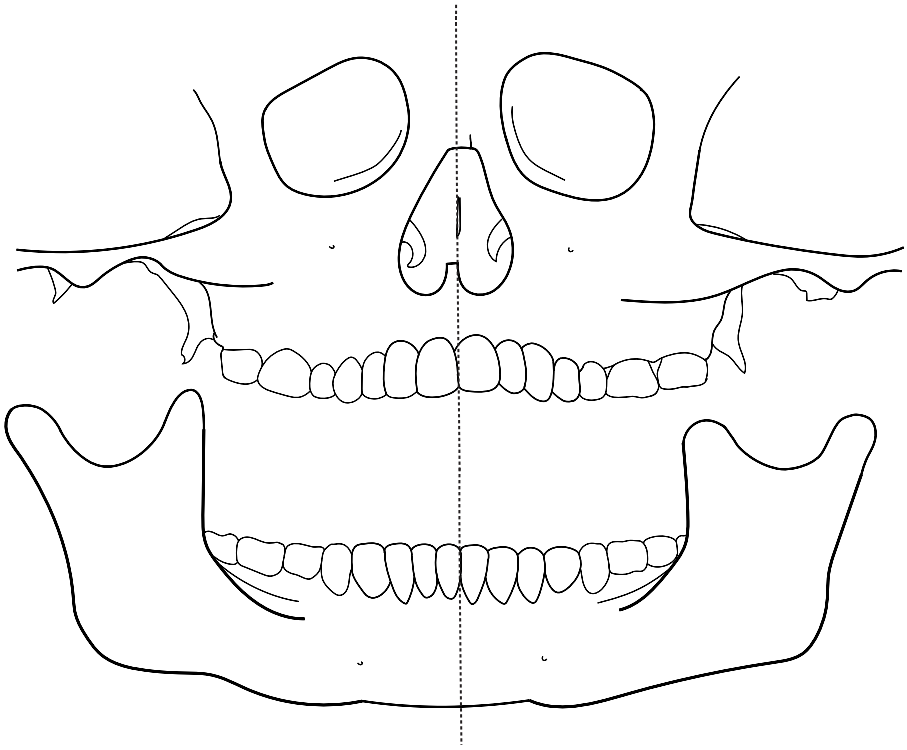
Surgical Access	Intraoral Extraoral	Diagnosis	Malignant Benign N/A

Resection Plan

Use the area to the right to draw the following details.

Draw | for resection lines

Additional Notes:



GRAFT SITE PLAN

N/A, Graft Site Not Required

Graft Data	Patient Specific Requires CT of Graft Site. Generic	Predicted # of Segments	_____ segment(s)
Graft Region	Fibula Scapula Iliac Crest Other:	Relative Graft Position	Flush with Inferior Border _____mm above inferior border
Graft From	Left Right	Pedicle Emerges	Ant. Post. Left Right

Upload Data & Online Service Request: MedCAD.net/start
Ship Patient Data To: MedCAD, 501 S 2nd Ave, Suite A-1000, Dallas, TX 75226
Phone: +1 (214) 453-8864 **Email:** orders@medcad.net **Web:** MedCAD.net