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Please print and ship this form with a corresponding CT disk, or submit this form to [orders@medcad.net](mailto:orders@medcad.net).  
Submit patient CT disk (DICOM Data) via shipment or upload CT data via our website at [www.medcad.net](http://www.medcad.net).

Distributor Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Patient Name or ID: \_\_\_\_\_

Date of CT scan: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Date Implant Required: \_\_\_\_\_

Ship to: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

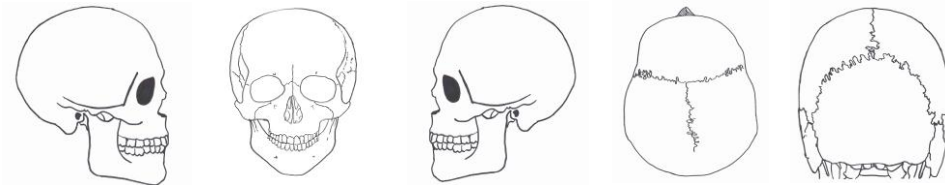
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Indicate areas of defect on figures below:


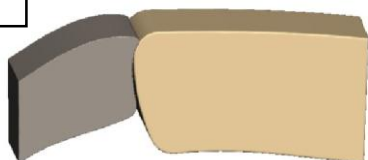



Please specify any implant design instructions:

\_\_\_\_\_

\_\_\_\_\_

Please select desired edge fit from the following design options:

Edge-to-Edge Fit	Default Edge Fit	Retracted Edge Fit
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
A slight overlap	Default edge fit. Most commonly requested.	Provides slightly loose fit.

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**Select from the following design options:**

- Drainage Holes (If this box is not selected, implant will be made without drainage holes)
  - Additional holes. Please specify desired locations and diameters. \_\_\_\_\_
- 

**Select additional accessories needed for procedural planning (Accessories listed are non-implantable).**

- Model of defect
  - Model of implant
  - Surgical Guides
  - Other Model(s) for surgical planning (Please specify): \_\_\_\_\_
- 

If you have any questions, please call MedCAD Customer Service at 214-453-8864 or email [orders@medcad.net](mailto:orders@medcad.net).