ACCUPLAN® Orthognathic Service Request

MedCAD®

Case Info

Patient Name		Surgery Date	___ / ___ / ___ Leave blank if not scheduled
Hospital		Requested Meeting	___ / ___ / ___ at ___ : ___ A P Will be confirmed after ALL data submitted
Surgeon		Surgeon Time Zone	

Distribution

Fixation Company		Representative	
Rep Phone		Rep Email	

Clinical Info

(circle one & fill blanks)

Maxillary Dental Deviation	Right / Left _____ mm
Canine Position	Even / Right Superior / Left Superior
Maxilla Position	Normal / Prognathic / Retrognathic
Mandible Position	Normal / Prognathic / Retrognathic

Splint Preferences

(circle all that apply)

Final	Intermediate	Dome
Palatal	Make into Sandwich	Other

Additional Instructions:

Surgical Plan

(circle one & fill blanks)

Clinical Approach	Single Jaw / Double Jaw	Mandible First / Maxilla First
Maxilla Plan Leave blank if Mandible Only	LeFort: I II III	Segments: ____ piece(s)
Incisor Position Leave blank if Mandible Only	Advancement / Setback	_____ mm
	Right / Left	_____ mm
	Impaction / Down Fracture	_____ mm
Mandible Plan Leave blank if Maxilla Only (circle all that apply)	SSO / Inverted L	Vertical Ramus / Genioplasty
	Other: ______________________________	

Movements

(circle one & fill blanks)

Correction Focus Select Focal Point and Leveling	Canines / Molars	Distribute Evenly / Level Right to Left Position / Level Left to Right Position
Occlusal Plane Adjustment	1st Molar Impaction / 1st Molar Down Fracture	_____ mm
	Increase / Decrease	_____ degrees

Copyright © 2018 MedCAD
Printed in USA | MC-012-1 Rev G

Ship Patient Data To: Attn: MedCAD, 501 S 2nd Ave, Suite A-1000, Dallas, TX 75226
Phone: (214) 453-8864 **Email:** orders@medcad.net **Web:** MedCAD.net