

**Contact person**

medical Prof. Dr. med D. Wolter or substitute  
technical Dr.-Ing. R. Nassutt, Andreas Olsson

### Order for patient specific implant

(acc. EU Guideline „Medical Devices“ 93/42 EWG, Appendix VIII )

Delivery within 72 hrs. after planning has been finalized.

Order-number: SA-\_\_\_\_\_-\_\_\_\_\_  
(completed by litos/)      Date of receipt \_\_\_\_\_  
(completed by litos/)

#### A. Customer/surgeon

Chief phys.  Sen. phys.  doctor \_\_\_\_\_ Customer-Id.-No. \_\_\_\_\_  
- Phone (for recall purposes) \_\_\_\_\_ Fax/email \_\_\_\_\_  
- Hospital/department: \_\_\_\_\_  
- Billing address/cost unit \_\_\_\_\_  
- Shipping address \_\_\_\_\_  
(e.g. operation theatre, central sterilization)

#### B. Patient data (This device is exclusively intended to be used for the patient under section B.)

- Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
- Weight \_\_\_\_\_ kg      Body height \_\_\_\_\_ m  
- Diagnosis \_\_\_\_\_  
- planned therapy \_\_\_\_\_  
- chronic diseases and risk factors \_\_\_\_\_  
(e.g. diabetes, osteoporosis, adiposity, nicotine abuse, alcohol abuse, drug addiction, ...)  
- Known metal allergies?       no     Titanium     Stainless steel  
- Are any metal implants already nearby?       yes     no  
→ If yes, which: \_\_\_\_\_ Material:  Titanium     Stainless steel     other \_\_\_\_\_  
  
- picture-giving procedures  
→  X-ray of the injured bone (2 planes) (preferably digitised)  
→  X-ray of the intact bone opposite side with scale (preferably digitised)  
→  CT if available, overview with scale

**Comment:**

For the production of the patient specific implant it is **indispensable** that the supplied picture documents are provided with a **scale**. So the holes can be defined clearly, in order to ensure an optimal introduction of the forces in the bones. The length of the injured bone can be taken out of the x-ray of the intact opposite side. A small as possible damage of the blood circulation with sufficient stability can be achieved.

**Planned date of surgery** \_\_\_\_\_      **Date of delivery** \_\_\_\_\_

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**C. Specific user needs (include sketch if necessary)**

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**D. Confirmation**

With the signature the surgeon/customer commits to give feedback and/or reporting during the entire healing and/or treatment process.

In particular the following information and/or documents are to be made available for the company litos/ without request:

1. An x-ray after treatment with patient specific implant and an x-ray after treatment conclusion and/or re-implantation of the specific implant.
2. If necessary a written report of arisen complications during the treatment.
3. A written feedback over the success/failure of the treatment.

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**E. Request examined for completeness (completed by litos/)**

**Notes:**

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**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_