

Request for Quote

Synthes Patient Specific Implants

Notice: Patient Specific Implants are intended for the replacement of bony voids in the cranial/craniofacial skeleton.

Please send:

1. Completed "Request for Quote" form
2. CT Scan/Optical Disc from radiology (with scanner type, date of scan, patient name/number on disc)

Mail to:

Synthes CMF
Attn: Patient Specific Implant Department
1301 Goshen Parkway
West Chester, PA 19380

Surgeon and Shipping Information:

Patient Specific Implants and skull models must be shipped directly to surgeon; no P.O. boxes. Please indicate exact name and location for model and implant to be shipped.

Shipping Information

This Patient Specific Implant will be supplied with the understanding that the surgeon will make the sole determination for its use and application.

Surgeon name* _____

Hospital contact/Title to receive implant* _____

Mailing address* _____

City _____ State _____ Zip code _____

Office number* _____ Office fax* _____

E-mail address* _____

Secondary contact name _____

Secondary number _____ Secondary e-mail _____

Billing Information

Hospital name* _____

Purchasing contact _____

Purchasing office number _____ E-mail _____

Synthes account #* _____ Account on credit hold?* _____

Implant Information

Synthes suggests that surgery not be scheduled until Synthes receives the PO and the surgeon completes design validation.

Patient name* _____

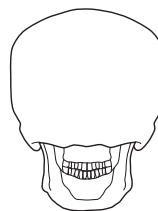
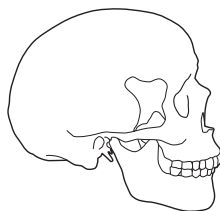
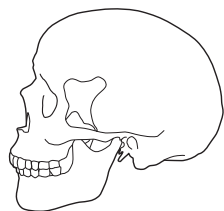
Planned surgery date _____ Patient ID number* _____ Scan date* _____

Implant material (choose one):* ☐ PEEK ☐ Titanium

Design validation method (choose one):* ☐ Skull model ☐ CAD images via e-mail

Description of defect* _____

Approximate defect location and shape (please draw/annotate defect)



*Denotes required fields

Contact: Patient Specific Implants Help Desk at (610) 719-6777, or by e-mail at psi@synthes.com