

## Medical Prescription: 3D custom-made implant

### SURGEON

Firstname:

Lastname:

Hospital:

City:

Country:

### PATIENT

Name\*:

Age:

\* Two first letters of last name / two first letters of first name - ex MORENO Benjamin : MO BE

Gender: ☐ Male ☐ Female

Specificities:

(Ex: very thin, gynecomastia, ...)

### INDICATION

☐ PECTUS ☐ POLAND ☐ CALVES ☐ OTHER:

Specificities:

(Ex: Nuss/Ravitch redo, tuberous breast, strong asymmetry, ...)

**Desired surgery date:**

☐ None

(We recommend not scheduling the surgery until receiving a delivery date)

*It is recommended to send **pictures of the patient** together with the CT scan to AnatomikModeling customer service. These photos will help to take into account the real anatomy of the patient in standing position to get the best design.*

"I, the undersigned Doctor \_\_\_\_\_, assure and declare that the custom made medical device which will be made according to the technical indications above mentioned is destined to patient: \_\_\_\_\_"

Prescription date:

Signature

Stamp of the hospital or clinic