



## Patient-Specific Anatomical Modeling Order Form

To place an order, you will need to send the following items to **ProtoMED**:

- 1: This completed order form – can be faxed or mailed with the CT data
- 2: CT data – can be mailed or uploaded to our secure ftp site (please call for instructions)

### ORDERING PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Physician E-mail: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_

### BILLING INFORMATION

- PO#: \_\_\_\_\_
- Credit Card
- Check

### PATIENT INFORMATION

Patient Identification: \_\_\_\_\_ Patient Age: \_\_\_\_\_  
 Date of Surgery: \_\_\_\_\_ Type of Procedure: \_\_\_\_\_

### MODEL INFORMATION

#### Anatomy:

- 01 - Full Mandible
- 02 - Full Maxilla (includes TMJ)
  - 03 - Full Mandible / Maxilla
    - Mandible:  Attached  Detached
- 04 - Mandible through Orbits
  - Mandible:  Attached  Detached
- 05 - Full Skull
  - Mandible:  Attached  Detached
  - 06 - Full Skull - Pediatric
    - Mandible:  Attached  Detached
- 10 - Custom Anatomy –call for quote  
 Description:  
 \_\_\_\_\_  
 \_\_\_\_\_

For questions concerning your order, please call **ProtoMED**



Phone: 303-466-5610

Fax: 303-255-5576