

Custom Implant Prescription

Please complete all sections and send this form to Ossis.

email- info@ossis.com, Fax no: +64 3 365 9486, PO Box 36086, Merivale, Christchurch 8146, New Zealand.

Ossis will send you a quote for a custom implant based on the requirements identified on this form.

Surgeon Name: _____ Email: _____

Office phone number: _____ Mobile phone number: _____

Patient Name: _____ DOB: _____ NHI No: _____

Indicative surgery Date: _____ Hospital: _____

Allergies (metals in particular): N/A or Details: _____

Implant for: Left side Right side N/A

Implant description: _____

Implants remaining in the affected area: _____

Pathology	Type/Details	Area/Location
<input type="checkbox"/> Post Radiation	_____	_____
<input type="checkbox"/> Avascular Necrosis	_____	_____
<input type="checkbox"/> Osteolysis	_____	_____
<input type="checkbox"/> Fracture	_____	_____
<input type="checkbox"/> Tumour	_____	_____
<input type="checkbox"/> Infection	_____	_____
<input type="checkbox"/> Other	_____	_____

Required Patient Data ¹

In order to provide your patient with the highest quality solution, Ossis require:

- X-rays and CT Scans plus MRI Scans for tumour cases (see below)
- Previous surgery details (including old operations notes if available)
- Co-morbidities

CT Scans (Ossis protocol and DICOM Grid uploading instructions available on website – www.ossis.com)

- Available for download on CDHB PACS (NZ only. Any DHB PACS can request data transfer to CDHB PACS)
- Available for download on DICOM Grid (AU only. Share code: <http://ossis.dicomgrid.com/share/ossis>)
- Other (e.g. CD or USB): _____

X-Rays (Ossis protocol and DICOM Grid uploading instructions available on website – www.ossis.com)

- Available for download on NZ DHB PACS (NZ only. Any DHB PACS can request data transfer to CDHB PACS)
- Available for download on DICOM Grid (AU only. Share code: <http://ossis.dicomgrid.com/share/ossis>)
- Other (e.g. CD or USB): _____

MRI (Only applicable for tumour cases, DICOM Grid uploading instructions available on website – www.ossis.com)

- Available for download on NZ DHB PACS (NZ only. Any DHB PACS can request data transfer to CDHB PACS)
- Available for download on DICOM Grid (AU only. Share code: <http://ossis.dicomgrid.com/share/ossis>)
- Other (e.g. CD or USB): _____

Prescribers Name: _____

Signature: _____ Date: _____

¹ Ossis Patient Privacy Statement can be found on the Ossis website – www.ossis.com/resources/