

## Custom Implant Prescription Form

Please complete all sections below and send the form back to OSSIS, via one of the options below:

Email: [info@ossis.com](mailto:info@ossis.com), Fax: +64 3 365 9486, Post: PO Box 42129, Tower Junction, 8149, New Zealand.

### PRESCRIBER DETAILS

1. Surgeon full name:

2. Email:

3. Contact number:

4. Office contact details:

### PATIENT DETAILS

5. Patient full name:

6. Date of birth (dd-mmm-yyyy):

7. NHI (NZ only):

N/A

8. Surgery date (dd-mmm-yyyy):

Confirmed

9. Hospital:

Public

Private

10. Side:

Left

Right

Both

11. Surgical approach:

12. Allergies:

N/A

13. Implant description:

14. Reason for implant:

15. Pathology:

Post Radiation  
Avascular Necrosis  
Osteolysis

Infection  
Fracture  
Tumour

Arthritis  
Rheumatoid Arthritis  
Other:

Type/area for  
selected pathology:

### FURTHER IMPLANT INFORMATION

16. Antimicrobial coating  
(HyProtect™) required:

Yes

No

17. Components remaining in  
affected area:

N/A

18. Other components to be  
used with OSSIS custom:

N/A

To provide your patient with the highest quality solution, OSSIS also requires<sup>1</sup>:

- CT and x-ray imaging<sup>2</sup>, as well as MRI if the reason for the custom is a tumour  
*Please contact OSSIS to communicate how the imaging will be shared*
- Details of previous surgeries
- Any relevant comorbidities

*By signing this prescription form, you have reviewed the preoperative and postoperative feedback requirements and are willing to participate for this patient.*

**Prescriber Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<sup>1</sup> OSSIS Patient Health Information Privacy Policy can be found on the OSSIS website: [www.ossis.com/resources](http://www.ossis.com/resources)

<sup>2</sup> OSSIS Custom Implant Scan Protocol can be found on the OSSIS website: [www.ossis.com/resources](http://www.ossis.com/resources)