

## Sacrum and Sacroiliac Custom Implant Prescription Form

Please complete all sections below and send the form back:

### PRESCRIBER DETAILS

1. Surgeon full name:

2. Email:

3. Contact number:

4. Office contact details:

### PATIENT DETAILS

5. Patient full name:

6. NHI (NZ only):

N/A

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

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

Confirmed

9. Hospital:

10. Health fund:

Public

Private

11. Affected Anatomy:

Sacrum

Left Ilium

Right Ilium

12. Resection Type:

Total Sacrectomy

Hemisacrectomy

13. Surgical Approach:

Posterolateral

Posterior

Other:

14. Is Lumbar fixation required?

Yes

No

If yes, preferred system:

15. Allergies:

N/A

16. Reason for implant:

17. Pathology:

Tumour

Trauma

If tumour, input type:

### FURTHER IMPLANT INFORMATION

18. Antimicrobial coating (HyProtect™) required:

Yes

No

19. Components remaining in affected area:

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:**

Return to your Sales Representative or email it to OSSIS at [bookings@ossis.com](mailto:bookings@ossis.com)

<sup>1</sup> OSSIS Patient Privacy Statement 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)