Request for service

Patient-specific model - PS**model**
Application: **Cranio-maxillo-facial**

Chirurgia3D

SURGEON'S INFORMATION

Surgeon name

Hospital name

Hospital address

Phone number

Email address

Patient name / Patient ID

PAYMENT INFORMATION

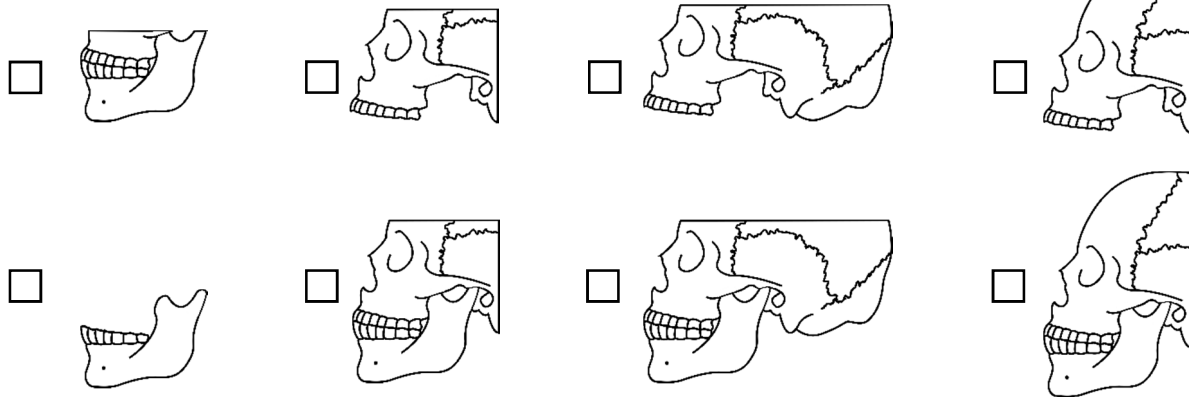*Name / Company name*

Street

Postcode, City

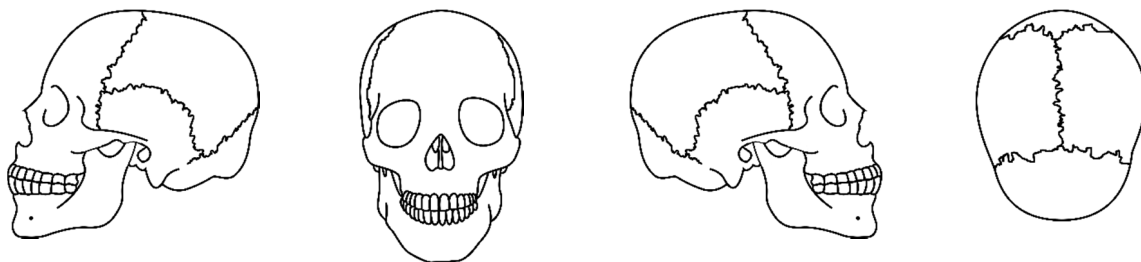*TAX ID (if applicable)*

SHIPPING ADDRESS

Name

Address

Select standard cranio-maxillo-facial model type

Select non-standard cranio-maxillo-facial model type (circle area to be printed in every projection)

Mandible model options

☐ *connected*   ☐ *separated*   ☐ *n/a*

Additional comments

Date and signature

Please deliver request for service and CT / CBCT / MRI scan to:
Chirurgia 3D - Smart Labs Sp. z o.o.
Maronia 44, 41-506 Chorzow, Poland

For questions or additional information, please contact us:
Phone: +48 32 797 07 06
Email: contact@chirurgia3d.com