**1. Patient**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname\*: |  | |  | First name\*: |  | |
| Date of birth: |  | |  | Gender: | M  / W | |
| Height\*: |  | cm |  | Weight\*: |  | kg |

**2. Client / Prescribing medical practitioner / Authorized person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname\*: |  |  | First name\*: |  |
| Hospital\*: |  |  |  |  |
| Medical practice: |  |  |  |  |
| City: |  |  |  |  |
| Telephone: |  |  | FAX: |  |
| E-Mail\*: |  |  |  |  |

*fields marked with \* are obligatory*

**3. Details on custom-made device**

3.1 Diagnosis

3.2 Anatomical position

3.3 Intended use of custom-made device / Description of intended function(s)

3.4 Additional comments (e. g. X-ray images or other imaging techniques)

3.5 Please choose a type of custom-made device and fill in the required data:

|  |  |  |  |
| --- | --- | --- | --- |
| U:\Naarmann\SA-Anfrage_neu\BTE_pic.jpg    *(Similar to illustration)* | **Partial hip replacement / Individual hip cup** | | |
| left | | right |
| Coating on surface that faces the bone | | |
| Titanium Rough Coated (TiRC) | | yes  no |
| **Reference**  CT 1mm layer thickness (total pelvis)  *The custom-made device is an implant designed to be used in the hip. It is intended for continuous implantation for more than 30 days in order to restore the acetabular functional unit.* | | |
|  | **Stem (Femur)** | | |
| left | right | |
| cementless | cemented | |
| Diameters (ØA/ØB) | Ø:       mm / Ø:       mm | |
| Lenght (L) | L:       mm | |
| Curved | yes  no | |
| Interlocking required: | yes  no | |
| **Reference**  CT min. 3mm layer thickness  *The custom-made device is a stem designed to be coupled to existing systems of the Company Peter Brehm GmbH. It is intended for continuous implantation for more than 30 days in the femoral bone.* | | |

|  |  |  |
| --- | --- | --- |
| U:\Naarmann\SA-Anfrage_neu\MRP-Schaft.jpg | **Stem (Tibia)** | |
| left | right |
| cementless | cemented |
| Diameters (ØA/ØB) | Ø:       mm / Ø:       mm |
| Lenght (L) | L:       mm |
| Curved | yes  no |
| Interlocking required: | yes  no |
| **Reference**  CT min. 3mm layer thickness  *The custom-made device is a stem designed to be coupled to existing systems of the Company Peter Brehm GmbH. It is intended for continuous implantation for more than 30 days in the tibial bone.* | |
| U:\Naarmann\SA-Anfrage_neu\Pic_DK+Hals.jpg | **Double cone stem straight** | |
| left | right |
| Diameter ( X ≥ 18mm) | Ø:       mm |
| Lenght (L) | L:       mm |
| **Reference**  CT min. 3mm layer thickness  *The custom-made device is a femoral stem designed to be coupled to existing systems of the Company Peter Brehm GmbH. It is intended for continuous implantation for more than 30 days.* | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Double cone stem straight + Femoral sleeve + Femoral neck screw** | | |
| left | | right |
| Diameter (X ≥ 18 mm) | | Ø:       mm |
| Length (L) | | L:       mm |
| CCD Angle (Y) | | Y:       degree |
| **Reference**  CT min. 3mm layer thickness  *The custom-made device is a femoral unit designed to be coupled to existing systems of the Company Peter Brehm GmbH. It is intended for continuous implantation for more than 30 days.* | | |
|  | **Insert** | | |
| left | right | |
| Item number (old) if existent/known |  | |
| Diameters (ØA/ØB) | Ø:       mm / Ø:       mm | |
|  |  | |
| **Reference**  Existing Implants / surgery report / surgery date / place of surgery  *The custom-made device is an implant designed to be used in the hip. It is intended for replacement of a worn insert and continuous implantation for more than 30 days.* | | |
|  | **Other** | | |
| (Please describe separately and detailed) | | |

3.6 Required delivery type

Delivery type:  sterile  non-sterile

|  |
| --- |
|  |

3.7 Required delivery date

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature and stamp of medical practitioner |

**Return enquiry to:**

PETER BREHM GmbH

Sales International

Am Mühlberg 30

91085 Weisendorf

Germany

oder

E-Mail: sales.international@peter-brehm.de

Fax: +49 9135 7103 16

**Agreement of manufacturer’s person in charge for custom-made devices**

(Person in charge for Regulatory Affairs und Engineering Department)

Approval for realization of the custom-made device

Refusal for realization of the custom-made device

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature and stamp company PETER BREHM |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature and stamp company PETER BREHM |