

We **cannot** start your case without the following information:

CASE INFORMATION			
Patient Name		Surgery Date	Not Scheduled
Hospital		Requested Meeting	<div> <div>at</div> <div>AM</div> <div>PM</div> </div> <div>Will be confirmed after ALL data submitted.</div>
Surgeon		Surgeon Time Zone	
Distributor		Rep Phone	
Representative		Rep Email	
PATHOLOGY AND BACKGROUND			
What is patient diagnosis? <i>Please provide relevant details below:</i>			
Does the patient have any medical conditions that may affect bone quality? <div> <div>No</div> <div>Yes, Please Specify</div> </div>			
SURGICAL PLAN			
Affected Foot	<div>Left</div> <div>Right</div>	Weight Bearing CT	<div>Yes</div> <div>No</div>
Surgical Access	<div>Medial</div> <div>Lateral</div> <div>Dorsal</div>	Existing Hardware?	<div>Yes, Keep</div> <div>Yes, Remove</div> <div>No</div>
Surgical Summary <i>Please provide relevant details below</i>			
Custom Plates	<div>Yes</div> <div>No</div>		
Will you be using any additional implants, guides, or surgical planning services from another company for this case? <div> <div>No</div> <div>Yes, Please Specify:</div> </div>			
INSTRUMENTATION			
Screw Manufacturer			
Screw Size:			
NOTES			
Additional Instructions:			