



3D PLANNING & PRINTING REQUEST FORM

DISCLAIMER:

- This is a fine, deep-rooted planning work, which incorporates varying levels of complexities, time commitments, and iterations as required.
- These factors might introduce fluctuations of the cost of the service provided.
- Therefore, kindly give a thorough consideration upon the requirement, outcome expectations, and commitment level before proceeding ahead, in the best interest of usage of your & our time.

REF:

DATE:

PATIENT INFO

Patient age & gender:		
Diagnosis:		
Purpose:	Patient counseling	Surgical planning

MODALITIES

Anatomic model(s)					
Scale of the model:					
Approximate dimensions of the print (lxbxh):					
Features to be included:	Bone(s)	Tumor(s)	Vascularity	Organ(s)	Others (please specify):
Jig(s)/ Guide(s)					
Purpose:	Resection/osteotomy	Implant orientation & reduction	Others (please specify):		
Approximate number of jigs/ guide required:					
Custom Implant(s)/ Prosthesis					
Number of implants/ prostheses required:					
Region(s) to be reconstructed:					



NOTE:

1. For further 3D planning, processing, and printing, following radiology scans are required in DICOM format:
 - 1.1 CT scan: **0.6mm** slice thickness, with **VR images**
 - 1.2 MRI scan: **1.0mm** slicer thickness, **VIBE** sequences with **contrast**
2. Please share the radiology files by:
 - 2.1 Providing the physical CD of the scans.
 - 2.2 Sharing the google drive link to tyrradiology@gmail.com