

# VIRTUAL SURGICAL PLANNING DESIGN INPUT FORM

## SURGEON INFORMATION

|               |  |           |  |
|---------------|--|-----------|--|
| Surgeon Name: |  | Hospital: |  |
| Cellphone:    |  | email:    |  |

## PATIENT INFORMATION

|               |  |                |  |
|---------------|--|----------------|--|
| Patient Name: |  | Date of Birth: |  |
| Diagnosis:    |  | Surgery Date:  |  |

## SURGICAL RECONSTRUCTION PLAN

|          |  |
|----------|--|
| Maxilla  |  |
| Mandible |  |
| Orbital  |  |

## RECONSTRUCTION PLATE

|                                            |  |
|--------------------------------------------|--|
| Pre-Bent Plate                             |  |
| Patient-Matched 3D Printed Titanium Plate* |  |

\* For a patient-matched titanium plate, please provide scanned stone models in the optimal occlusion

## VSP REQUIREMENTS

|                                       |  |            |   |
|---------------------------------------|--|------------|---|
| Fibula Free Flap                      |  | Bone Graft |   |
| Number of Fibula segments             |  |            |   |
| Minimum Fibula segment lingual length |  | mm         |   |
| Left or Right Fibula                  |  | L          | R |
| Left or Right Anastomosis             |  | L          | R |
| Bone Graft suture holes               |  | Y          | N |
| Occlusal changes                      |  | Y          | N |

**PLEASE INDICATE RESECTION MARGINS AND FIBULA FREE FLAP PLACEMENT WHERE NECESSARY BELOW:**

