

# 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	

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

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

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

