

<b>INCR<small>ED</small>IBLE</b> ADDITIVE MANUFACTURING		<b>Enquiry Data Sheet Medical</b>		Document No.:	F/MKT/02/01-01
				Supersedes:	F/MKT/02/01-00
				Effective date:	1/4/2019
				Revision date:	1/3/2020
Date	Enquiry No :				
<b>1. Implant Information</b>					
Patient Name					
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age		
Surgeon Name		Reg. No.			
Hospital Name and Address			Mobile/Tel.No.		
Email Id		Surgery Date			
Product Name					
Description of Defect					
Defect Location and Shape (Approx)					
If any other Defect Please specify Defect Location and Shape (Approx) left orbital lateral wall and the floor deficiency					
Material Required		<input type="checkbox"/> HA/VELI	<input type="checkbox"/> CoCr alloy	Input File	<input type="checkbox"/> DICOM Files
		<input type="checkbox"/> Any other material. Please specify:			
Internal Surface finish requirements		<input type="checkbox"/> Mirror Finish	<input type="checkbox"/> Matt Finish	Final Implant Thickness	
External Surface finish requirements		<input type="checkbox"/> Mirror Finish	<input type="checkbox"/> Matt Finish		
Screw Details	Number of Screw	Screw Diameter	Screw Hole Type	Flanges(Yes/No)	Number of Screws in Flanges
Specify Other Requirements or Attach drawings or Finish Details					
<b>Note:</b> Incredible's final implant is Non-sterile condition					
Delivery options		<input type="checkbox"/> Standard	<input type="checkbox"/> Express	Expected Date of Delivery	
<b>2. Accessories (at additional cost) Please select (✓)</b>					
Do you need any screws for fitting		<input type="checkbox"/> No	<input type="checkbox"/> Yes, specify details		
Anatomy Model required		<input type="checkbox"/> No	<input type="checkbox"/> Yes, specify details		
<b>3. Shipping Details</b>					
Billing Address					
Delivery Address	<input type="checkbox"/> Same as Billing Address	<input type="checkbox"/> Other			
GST Details:					
<b>4. Document Sign Off</b>					
For Customer			For Incredible AM Pvt. Ltd.		
<b>1. General Information</b>					
This Document describes the guidelines for a CT scan that is taken for the purpose of ordering a Patient Specific Implant from <b>INCR<small>ED</small>IBLE AM Pvt Ltd.</b>					
<b>Note:</b> Patient Specific Implants are intended for the replacement of bony voids in the cranial/craniofacial and other body skeleton					
<b>Scanning Instructions :</b>					
<ul style="list-style-type: none"> <li>- Ensure scanner is DICOM Compliant.</li> <li>- Scan must be less than four months old</li> <li>- Data must be on CD or USB only. Films will not be accepted</li> <li>- Scan all slices of the study in the same direction</li> <li>- Align the patient in a way that prevents as many artifacts as possible in the resulting images.</li> </ul>			<ul style="list-style-type: none"> <li>- Scan with the same slice spacing ; the slice spacing must be less than or equal to the slice thickness.</li> <li>- Only the axial images are required</li> <li>- All slices must have the same field of view. The same reconstruction center, and the same table height.</li> </ul>		
<b>Use the following scan parameters or the closest approximation possible :</b>					
Matrix	512 x 512				
Slice Thickness	1.0 mm				
Feed per Rotation	1.0 mm				
Reconstructed Slice Increment	1.0 mm				
Reconstructed Algorithm : Bone or High Resolution	Bone or High Resolution				
Gantry Tilt	0				
Accepted Media	CD or USB				
<b>INCR<small>ED</small>IBLE AM</b> accepts only uncompressed DICOM data.					
<b>Note of CD :</b> Scanner type, Date of Scan, Patient name and number, Surgeon, Hospital, Contact Number					
<b>Note:</b>					
Prepared by			Checked & Approved by		
Name:	Dr. Nidhi Biyani Sawant	Mr. Ashutosh Hake	Name:	Mr. Mangesh Yewale	
Designation:	Sr. Marketing Co-Ordinator	Assist Manager QA & MR	Designation:	Business Head	
Sign & Date			Sign & Date		