



Request for a Customized PEEK Implant

Hospital name:

Exact shipping Address:

City and Postal code:

Treating Surgeon:

Country:

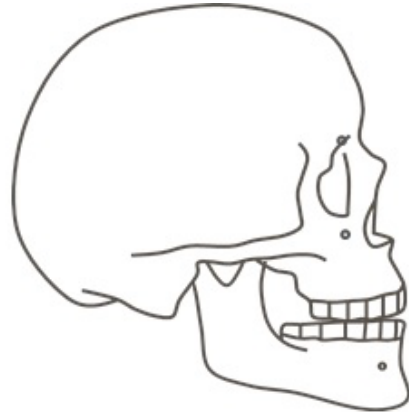
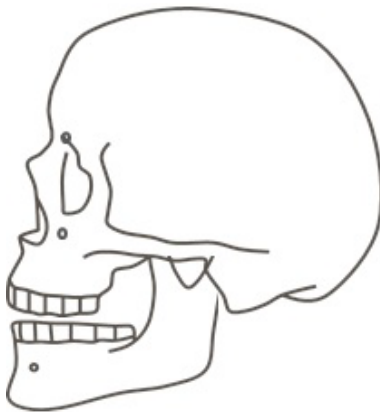
E-Mail:

Phone:

Surgery Date:

Patient Name / Number:

Please mark the defect location on the images:



Additional implant informations:

For further assistance get in contact with your local Sales Representative