

IMPLANT PRESCRIPTION FORM

CONCERNING: **custom-made medical device prescription**

Patient^{1;2}: **Age** [years]:

Patient profession:

Patient Health Insurance Company:

Patient body height [cm/inch]³: **Patient body weight** [kg/lbs]³:

Patient body side: left / right

Medical description:

Bone condition:

Device description: primary / revision

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I hereby declare that the custom-made medical device is ordered on my prescription for the patient mentioned above and will be manufactured by Materialise NV based on the provided data. The custom-made implant is intended to be used uniquely for the patient mentioned above. I declare having the qualifications required by law to perform the planned surgical intervention

Name: **Date**: **Signature**:

Please fax this signed document to Materialise NV on +32 16 396 600 or send it to
Materialise NV, Technologielaan 15, 3001 Leuven, Belgium

FOR MATERIALISE USE ONLY:

Patient number: Case number:

L-30544-01

Privacy

¹ Materialise attaches great importance to the full protection of privacy and personal health information. Therefore, all efforts are undertaken to guarantee privacy of patient information according to procedure *P-CI-15 Patient Privacy Practices* in the framework of the ISO 13485 quality system and other norms (EN) which apply. Personal information contained in this prescription form will be de-identified by assigning a unique patient and case number.

² By providing the patient data, you confirm that your disclosure of any information, included in this Form, is done in accordance with applicable privacy regulations and legislation.

³ Specify the applicable unit system.