TMJ Concepts
6059 King Drive
Ventura, CA 93003
(805) 650-3391
tmj@tmjconcepts.com

TMJ IMPLANT ORDER FORM

FOR OFFICE USE ONLY

CASE #: ☐ Inf. Consent: ☐
Contact Date: ☐ Initial: ☐

PHYSICIAN'S OFFICE INFORMATION

Doctor:

Address:

City / State / Zip (Postal) Code and Country:

Doctor's Email:

Office Phone #:

Office Contact:

Contact's Phone #:

Contact's Email:

Other Contact:

PATIENT INFORMATION

email:

Last Name:

First Name: Middle:

Address Line 1: Phone #:

Address Line 2: DOB (mm/dd/yy):

City / State / Zip (Postal) Code and Country:

Sex: ☐ Male ☐ Female

HOSPITAL INFORMATION

Hospital Name:

Purchasing Contact: Phone #:

Email: MRN #:

Purchase Order Number:

Stryker Rep:

CASE INFORMATION

Surgery date: ☐ Proposed ☐ Scheduled ☐ TBD

Case Description: ☐ Single Stage **OR** ☐ Staged Procedure (2-Stage) 1st Stage Sx Date:

Side: ☐ Left ☐ Right ☐ Bilateral **Revision Previous Case No.:**

Scan Date: **Revision Type:** **Other:** ______________

Model Build Instructions:

- ☐ 1-Piece Model (Good Occlusion)
- ☐ 2-Piece Model (Poor Occlusion)
- ☐ Unsure
- ☐ No Planning Required
- ☐ Virtual Planning

Vendor: **Other:** ______________

Model Preparation:

- ☐ Stone Model Integration (Occlusion Set)
- ☐ Cutting Guide(s)

Orthognathic Planning:

- ☐ None
- ☐ LeFort
- ☐ Contralateral SSO

NOTES: