

EDSER

PRACTITIONER DETAILS

NAME

EMAIL

ADDRESS

TEL.

CLIENT ID

ORDER No*

PATIENTS DETAILS

NAME

FRACURE TYPE

MALE FEMALE AGE

AREA TO PROTECT

FACE SHIELD / MASK

PADDED 5 MM 4 MM 3 MM NO PADDED

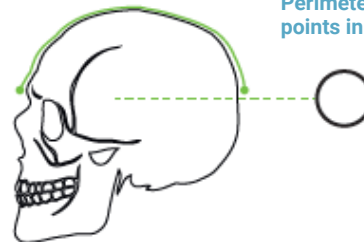


Mark the outline and the area to protect using the images

Perimeter in millimeters



Perimeter between points in millimeters



NOTES: (RECONSTRUCTION AREAS, PRESSURE AREAS, DISPLACEMENT OF THE EXTRA DISTAL ADAPTER, ETC.):

DATE

PRACTITIONER SIGNATURE:

NOTE: This prescription is used as a work instruction and must be followed exactly; default laboratory values will be used where details are omitted.