

PORIFEROUS Patient-Specific Implants Featuring SU-POR[®] Biomaterial.

Design Input
Form

Please complete and e-mail to sales@poriferous.com, fax to 770-683-7459 or mail to Poriferous, LLC. - 535 Pine Road – Newnan, Georgia, - 30263 – USA.

Virtual Review Physical Review

Male Female

PATIENT NAME: _____

ID #: _____ D.O.B: _____

Scan Date: _____ Planned Surgery Date: _____

PO #: _____

Location of defect: _____

Specify implant design instructions (if any): _____

SURGEON NAME: _____

Surgeon Phone #: _____

Surgeon Email: _____

Local Rep. Name: _____

Rep. Phone #: _____

HOSPITAL NAME: _____

City: _____ State: _____

Zip Code: _____ Country: _____

SHIPPING ADDRESS (required)

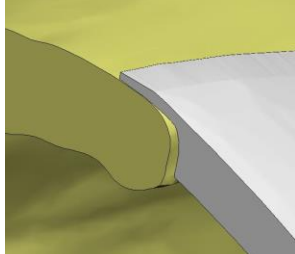
Attention To: _____

Address: _____

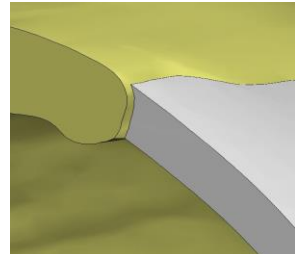
City: _____ State: _____

Zip Code: _____ Country: _____

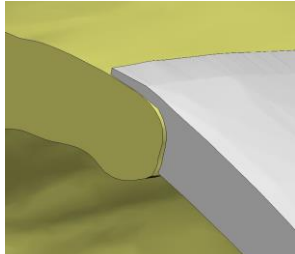
Select the fit preference



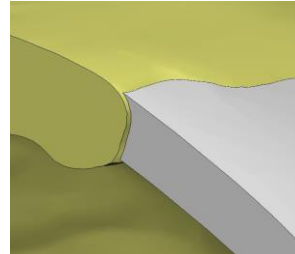
Flange with clearance



No Flange with clearance




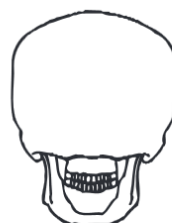
Flange with tight fit





No flange with tight fit

Circle area of reconstruction









For questions or additional information, please call customer service at (770) 683-3855, or e-mail to sales@poriferous.com.