3D SYSTEMS

VSP® Orthognathics Order Form
for CAD/CAM Splints & Surgical Models

Case Information

Surgeon name: _____ Patient name / identifier: _____

Contact name: _____ Surgery date: _____

Phone number: _____ Rigid fixation vendor: _____

Email address: _____ Sales rep name: _____

Return shipping address : _____

City: _____ State: _____ Zip: _____

Clinical Measurements

Attach clinical measurement worksheet or complete this section:

Upper dental midline deviation: _____ mm ◯ Right ◯ Left

Eye dystopia: ◯ Yes ◯ No If yes: ◯ R eye superior ◯ L eye superior

Ear dystopia: ◯ Yes ◯ No If yes: ◯ R ear superior ◯ L ear superior

Planned Surgical Methods

◯ Single jaw surgery ◯ Double jaw surgery If double jaw, which surgery will be performed first? ◯ Maxillary ◯ Mandibular

Maxillary surgery ◯ N/A

◯ LeFort I ◯ LeFort II ◯ LeFort III

- ◯ 1 Piece
- ◯ 2 Piece
- ◯ 3 Piece

Mandibular surgery ◯ N/A

Left	Right
◯ Sagittal split	◯ Sagittal split
◯ Vertical ramus	◯ Vertical ramus
◯ Inverted L	◯ Inverted L

Genioplasty

◯ Yes ◯ No

TMJ replacement surgery

◯ Yes ◯ No

Notes

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Completed order form can be emailed to vsp@3dsystems.com

Please complete all sections. Missing data may result in the delayed processing of your order.