



Lab Request Document Fusion Orthopedics

Please fill this form out to request the correct instrumentation and lab kits for your lab:

Sales Rep Name: _____

Distributorship: _____

Doctor Name: _____

Date and Time of Lab: _____

Location of Lab: _____

Lab Address: _____

City: _____ State: _____ ZIP: _____

Please select which system you will need for your lab:

- FuzeFix Mini Headless Screws
 - 2.0 HL
 - 2.5 HL
 - 3.0 HL
 - 4.0 HL
- FuzeFix Mini Headed Screws
 - 2.0 HD
 - 2.5 HD
 - 3.0 HD
 - 4.0 HD
- FuzeFix Large Headless Screws
 - 5.5 HLL
 - 7.0 HLL Short
 - 7.0 HLL Long
- FuzeFix Large Headed Screws
 - 5.5 HDL
 - 5.5 HDL Full Thread
 - 7.0 HDL Short
 - 7.0 HDL Long
 - 7.0 HDL Full Thread
- FuzeFix TwistOff Screws
 - 2.0 TO
 - 2.5 TO
- FuzeFix Fully Threaded Screws
 - 2.5 FT
 - 3.5 FT
 - 4.5 FT
- FuzeFix Jones Screws
 - 4.5 JO
 - 5.5 JO
- HammerTech Peek Hammertoe Implants
 - Petite x____
 - Ex Small x____
 - Small x____
 - Medium x____
 - Large x____
- HammerTech Titanium Hammertoe Implants
 - Angled/Straight: _____
 - Petite x____
 - Ex Small x____
 - Small x____
 - Medium x____
 - Large x____
- HammerTech Cup & Cone Reamers
 - 8mm
 - 10mm
 - 12mm
- FuzeRight Peg & Hole Reamers
- Sgarlato Silastic GAIT Implant
- Sgarlato Silastic SHIP/Shaw Implant System
- Sgarlatio LSI System
- TalarLift Subtalar System
- DynaBridge Nitinol Staples
 - 9mm w/YOCO Blade
 - 11mm w/YOCO Blade
 - 13mm
 - 15mm
 - 18mm
 - 20mm
 - 25mm
 - PolyLock Small Bone Plating System

- Straight Plates
- T-Plates
- Hook Plate
- Cotton Plate
- Dual MPJ Plate
- Evans Plate
- Jones Plate
- PolyLock Midfoot Plating System
 - Straight Plates
 - L-Plates
- T-Plate Lag
- Lapidus Plate
- Maverick Plates
- MTP Plates
- Lisfranc Plates
- PolyLock Ankle Plating System
 - Straight Plate
 - Lateral Fibula
 - Medial Malleolus
 - Posterior Fibula
- Posterior Lateral Tibia
- LapiLock Triplanar Jig System
- IntraLock System
- Top Lock Anchor System

If you require additional items please indicate that below.

Example: IntraLock System QTY: 2. Please note that the quantity indicated here will be the total quantity.

ATTENDEES:

Please state names of all attendees and their role for this lab:

Name: _____ Role _____
Name: _____ Role _____
Name: _____ Role _____
Name: _____ Role _____
Name: _____ Role _____
Name: _____ Role _____
Name: _____ Role _____

CADAVER:

Will you require a Cadaver for your lab? Yes No

If yes, please state address below where the cadaver should be shipped:

Quantity: _____

Street: _____

City: _____ State: _____ Zip: _____

Lab Kit Information:

The lab kit includes table and/or surface covering, PPE for 1 person, surgical marking pen and (1) blade. Please identify how many lab kits you will need based on your lab attendance:

Lab Kit Quantity: _____

SAWBONES:

Fusion Orthopedics offers mid-tib to toe sawbones for the lab. The quantity policy for sawbones is (1) sawbone per doctor. If you need multiple sawbones due to the use of multiple systems in a single lab, please notify us in the notes section below.

Will you require a Sawbone for your lab? Yes No

If yes, enter quantity here: _____

NOTES:

POWER:

Fusion Orthopedics has a limited supply of portable battery-operated Surgical Power Tools. Only one is allowed to be assigned per lab.

Will you require the use of Surgical Power Tools? Yes No

Number of Cases for Proposed System/Deformity/Procedure That the Doctor(s) Perform(s) on a Monthly Basis:

Deformity/Procedure: _____ Monthly Cases: _____ Deformity/
Procedure: _____ Monthly Cases: _____ Deformity/Procedure:
_____ Monthly Cases: _____

FLUOROSCOPY:

Fusion Orthopedics offers Fluoroscopy through a third party service.

Will you require the use of Fluoroscopy? Yes No