

CONFIDENTIAL

Order Form

KineMatch® Patello-Femoral Replacement (PFR) CT Date: _____

This form must be completed and signed before the device manufacturing process can begin.

Patient Name: _____ DOB: _____

Patient Side (check one only) Left ☐ Right ☐ Simultaneous Bilateral ☐

Surgeon Name: _____ Phone: _____ E-mail: _____

Surgery Scheduler: _____ Phone: _____ E-mail: _____

Fax: _____

Hospital: _____

Hospital O.R. Contact: _____ Phone: _____

CT Scan Site: _____ Phone: _____ Fax: _____

CT Scan Date: _____ (If this scan site has not conducted a KineMatch scan recently, do not schedule a scan until contacted by Kinamed)

IMPORTANT INFORMATION – PLEASE READ:

- The KineMatch PFR implant is designed to articulate with a KineMatch all-polyethylene patella implant, which has a 1" articular radius of curvature and three pegs for cemented fixation.
- ☐ Check this box if the Kinamed KineMatch patella implant is desired.
- ☐ Check this box if a different patella implant is desired, attach a prescription with the type of patella noted, and you will be contacted by a Kinamed representative.
- CT Scan must be performed with Kinamed PFR protocol and motion detection rod. If these items are not used, the scan will have to be re-done. Please contact Kinamed Customer Service for these materials in advance of scan. A CD containing CT data should be sent directly to Kinamed.
- Implant delivery is 6 weeks after Kinamed receives valid scan data from the CT scan site. Kinamed Customer Service will co-ordinate with your surgery scheduler with regard to implant delivery date.
- The KineMatch PFR device is fabricated based on individual patient CT data and is therefore not returnable for credit.
- If you have any questions, please contact Kinamed Customer Service. Thank you.

Surgeon (or designee) signature (required to proceed): _____ Date: _____

Fax this completed form to Kinamed at 805-384-2792

Sales Rep. Name: _____

Sales Rep. Phone: _____

For Office Use Only

Received by: _____ Date: _____



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