

## Order form for custom-made device

**To request a custom-made device product, please use this template;**

1. Fill in the required information. All fields in the order form are mandatory as per regulatory requirements.
2. When the order form has been completed, save the document and print it.
3. Sign the document and send it by fax or scan the signed document and send it by e-mail to your local Nobel Biocare customer support representative.

Name of practitioner:

Customer number:

Street Address:

City:

Zip code:

Phone number:

Country

Fax:

Email:

Name of patient (and/or\* patient ID):

Date of order:

Quantity:

Particular features of the device as specified by practitioner:  
(if applicable type in the referring article number)

*All fields are mandatory (\* name of patient is mandatory within EU. However, in country specific cases due to Patient Data Safety Protection regulations initials and birth date can be accepted).*

Generally this service is available to customers in EU, US, Canada, Australia, Liechtenstein, Switzerland and Norway. If in exceptional cases service for a customer in another country is envisaged, the customer needs to contact the local Nobel Biocare office for a legislative feasibility check. This is an offer in compliance with local legislation for EU, US, Canada (approval from Health Canada is requested) and Australia.

The above described device shall only be used for the patient named above and the features specified, in relation to the patient is the responsibility of the practitioner. The traceability of the patient identification is guaranteed by the clinician.

I also certify that to the best of my knowledge, the above described device is NOT reasonably available through any other commercial source, and for the US markets this is a custom-made device produced for a patient or clinician with a unique intended use. In furtherance of the foregoing, I am aware of the fact that the device may not be used for clinical investigations or other clinical studies, feasibility studies, or other tests and evaluations.

Any contrary, verbal or written, communication or information is not valid.

Signature of practitioner