

## Prescription Enquiry – for completion by surgeon

1. Please enter a patient reference

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2. What side of the body is the implant required for:

- Left  
 Right

3. Please describe the patient's indication (select all that apply):

- Avascular necrosis  
 Infection  
 Trauma  
 Tumour/bone dysplasia  
 Total ankle replacement (TAR) failure  
 Charcot Foot  
 Osteochondral Lesion  
 Other

Please specify 

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4. Is there deformity? Please describe if it is fixed, flexible, or a combination

- No deformity → question 6.  
 Fixed → question 5.  
 Flexible → question 5.  
 Combination fixed / flexible elements → question 5.

5. Please give more details about the deformity (including plane)

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6. Is there any compensatory deformity? Please describe if it is fixed, flexible, or a combination

- No compensatory deformity → question 8.  
 Fixed → question 7.  
 Flexible → question 7.  
 Combination fixed / flexible elements → question 7.

7. Please give more details about the compensatory deformity (including plane)

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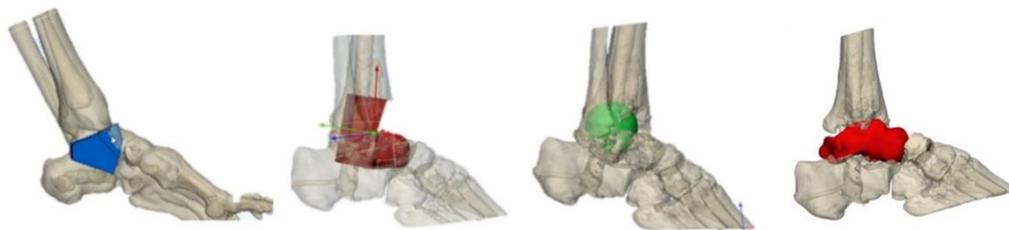
8. Please describe the soft-tissue envelope (e.g. previous incision, ulceration, infection risk higher than usual)

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9. Please describe the patient’s metabolic bone health

\_\_\_\_\_

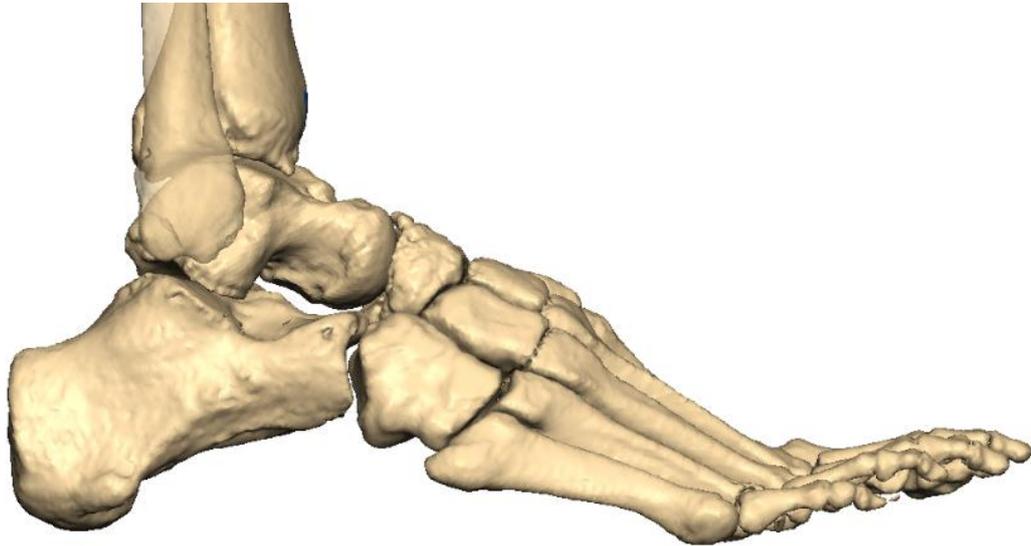
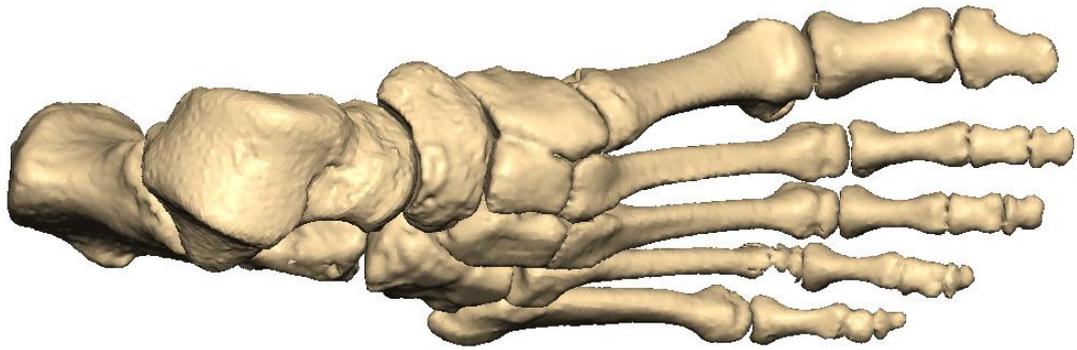
10. Would you like to use an implant as a template? You can choose a target shape (see images), or describe a specific previous case



| Template   | Keystone talus   | Plafond/talus replacement with/without articulation | Sphere  | Articulating Talus (Partial/Full)  |
|------------|--|---|---|--|
| Indication | AVN body of talus<br>Benign tumour body of talus<br>Trauma<br>Charcot Foot | TAR failure<br>Trauma                               | Talus/plafond pathology with significant deformity correction<br>Charcot Foot | AVN whole talus<br>Benign tumour whole talus<br>Trauma<br>Osteochondral Defect |

- No – design from scratch → question 11.
  - Yes (foot) – planar cage (“keystone”) → question 14.
  - Yes (foot) – plafond / talus replacement with articulation → question 13.
  - Yes (foot) – plafond / talus replacement without articulation → question 14.
  - Yes (foot) – sphere → question 14.
  - Yes (foot) – Partial articulating talus → question 14.
  - Yes (foot) – total articulating talus → question 15.
  - Other → question 11.
- Please specify \_\_\_\_\_
- \_\_\_\_\_

11. Which bones will be resected? Please indicate using the diagrams and / or write in the text box below



12. Should the implant have articulating surfaces?

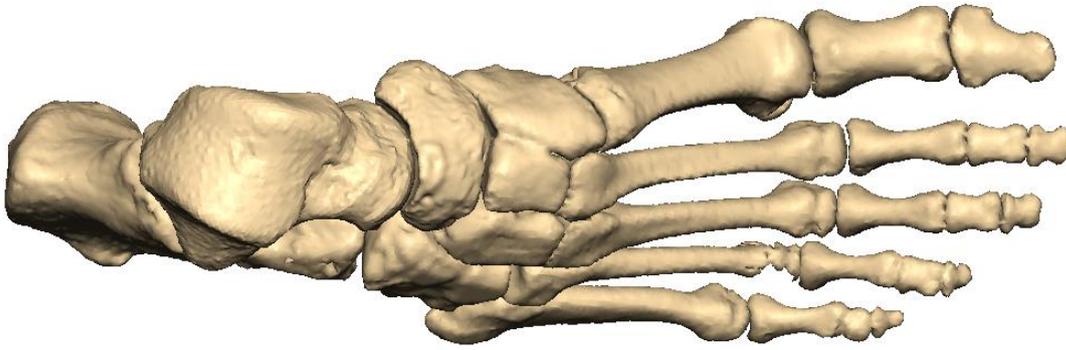
- Yes, total articulation (TAR)
- Yes, partial articulation
- No, fusion only

→ question 14.

→ question 13.

→ question 14.

13. Which surfaces should be articulating? Please indicate using the diagrams and / or write in the text box below



14. If using an implant with a cage design, what will the graft material be? (select all that apply):

- No graft
- Autograft
- Allograft
- Bone substitute
- Other

Please specify \_\_\_\_\_

15. What is your intended surgical approach?

- Anterior
- Lateral
- Posterior
- Dual incision
- Other

Please specify \_\_\_\_\_

16. Will you be intending to use additional fixation features? (e.g. intramedullary nail, screws)

Please detail below:

\_\_\_\_\_

17. Are there any adjuncts to the surgery planned?

\_\_\_\_\_

18. What imaging can you provide?

*1mm CT scans are a minimum requirement. For foot and ankle, weight-bearing AP/lateral/oblique X-ray views are also required.*

*Contralateral scans aid segmentation, particularly in deformity cases.*

- CT (1mm thick)
- Standing CT (1mm thick)
- X-ray
- Standing X-ray
- Contralateral foot / limb
- MRI

19. Is patient BMI in or below normal range?

*if not, the implant may take longer to design*

- Yes
- No

20. Is the patient 18 or over?

*if not, special dispensation is needed*

- Yes
- No

21. Does the patient have any comorbidities?

- Vascularity
- Steroid Therapy
- Chronic Smoker
- Osteoporosis
- Other

Please specify: \_\_\_\_\_

22. For the video design session, you have the option of being joined by Jit Mangwani or Mark Davies, who both have significant experience designing custom implants. Would you like additional surgeon guidance on the implant design?

Yes

No

23. Please specify a required date for the Custom-Made Implant  
*Note: Implants have a shelf life of 3 months after manufacture*

\_\_\_\_\_

24. [OPTIONAL - for post-market surveillance]  
Why is a custom implant required for this patient? What would be the likely patient outcome if the custom implant was not available?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. Please enter any other comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I consent to use by Meshworks of this information and the imaging provided to aid in the design and production of a custom titanium implant.

Surgeon signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

I consent to video/audio being recorded of the design meeting and to these tapes being used to aid the work

I consent to excerpts from these recordings, or descriptions of them, being used by Meshworks for the purposes of supervision, research and/or teaching. I understand that Meshworks will edit out from these recordings, or from descriptions of the recordings, as much identifying information as is possible.

## Enquiry details – for completion by customer or distributor

|  |       |  |
|--|-------|--|
| Date of enquiry                            |       |  |
| Primary contact details                    | Name  |  |
|  | Phone |  |
|  | Email |  |
| Implant delivery address                   |       |  |
| Surgeon contact details for design session | Phone |  |
|  | Email |  |