

# Request Form IPS® Orthognathics

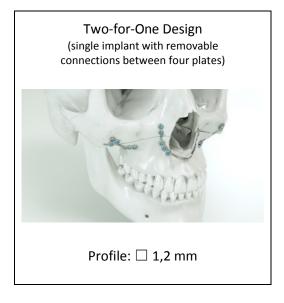
## **Case information**

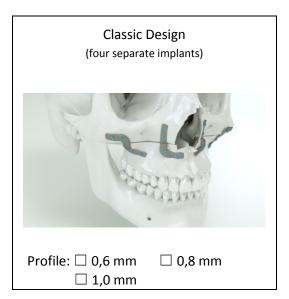
	1
IPS Gate® case number or patient ID (e.g. name / initials / hospital patients reference)	_
Name of the treating physician	
Do you require case coverage by a KLS Martin representative?  ☐ Yes, case coverage is required.  ☐ No, case coverage is not required.	
Do you require a KLS Martin loan set?  ☐ Yes, please provide a loan set. ☐ No, screws and instruments are available on-site.	
1 Osteotomies	
□ Maxilla  □ One-piece □ Split □ Two-piece V	☐ Three-piece Y
<ul> <li>□ Mandible</li> <li>□ Sagittal split osteotomy</li> <li>□ Vertical ramus osteotomy</li> <li>□ Other</li> </ul>	
☐ Genioplasty	
2 Required splints	
<ul> <li>□ Pre-op splint</li> <li>□ Intermediate splint</li> <li>□ Final splint</li> </ul>	



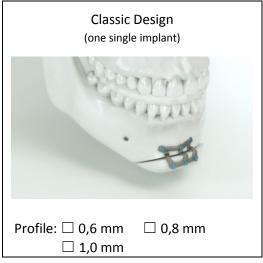
### 3 Required IPS Implants®

LeFort I





Genioplasty



#### Notes

For all KLS Martin orthognathic IPS Implants®:

- 1,5 mm screws are used
- a patient-specific drill and marking guide is needed

#### 4 Comments / Planned movements

Please upload the request from via IPS Gate® <a href="https://ips.klsmartin.com">https://ips.klsmartin.com</a> eMail: <a href="mailto:ips@klsmartin.com">ips@klsmartin.com</a> or Fax: +49 7463 838-298