The Lynn & Arnold Irwin APIL Advanced Perioperative Imaging Lab

Patient ID Sticker or: MRN /Name

Clinical 3D Modeling, Visualization & 3D Printing Request Form

Please email form to **apil@uhn.ca** or **Fax 416-340-3698 (c/o Sarah Russell)**

Contact Information

Request Date (dd/mm/yyyy)	
Service Required by Date (dd/mm/yyyy)	
Requester Name	
Requester Email Address* (UHN or other PHIPA Compliant)	
MRP Name (if different)	
MRP Email Address*	
Department/Division	
Contact Phone Number	

Service Requested (Check all that apply)

✓	Service Requested	Comments
	3D Digital Modeling from Medical Image Data	
	3D Printing	
	Screen-based Interactive 3D Rendering	
	Virtual or Augmented Reality Display	
	3D Scanning	
	3D CAD Design	

Please complete second pate!

Clinical 3D Modeling, Visualization & 3D Printing Request Form Page 2

*Please email form to **apil@uhn.ca** or **Fax 416-340-3698 (c/o Sarah Russell)***

Source Data (For Medical Image Based Requests)

✓	Source Type	Study Date (dd/mm/yyyy)	Accession #
	MRI		
	CT		
	3D Echo		
	3D Digital Model	*Submit model files to apil@uhn.ca. Include patient MRN in the subject line*	
	Purpose of model (e.g. pre-op planning, intra-operative use, shaping prosthesis, jig, sterility requirements)		
	Proposed Procedure or Intervention		
	Planned Procedure Date (dd/mm/yyyy)		
	Planned Procedure Site	❑ PMH ❑ TGH ❑ TWH ❑ WCH ❑ Other (Specify):	
	Other Data or Additional Comments. *If known, please indicate the DICOM seq # that best displays the key features of interest for image-based requests.*		

Payment Information

✓	Payment Method			
	FCC #		FCC signing Authority	
	Invoice	*Payable by cheque, FCC transfer or Credit Card*		
	Other (specify)			