

FRAME INFORMATION FORM

SC Computer Assisted Circular Hexapod Fixator

PATIENT INFORMATION

Hospital: _____

Surgery Date: _____ OR #: _____

Surgeon: _____

Procedure: _____

DUAL HOLE FULL RINGS		PROX.	Distal
	70mm		
	80mm		
	90mm		
	105mm		
	120mm		
	135mm		
	150mm		
	165mm		
	180mm		
	195mm		
	210mm		
	225mm		
240mm			

2/3 RINGS		PROX.	Distal
	70mm		
	80mm		
	90mm		
	105mm		
	120mm		
	135mm		
	150mm		
	165mm		
	180mm		
	195mm		
	210mm		
	225mm		
240mm			

1/3 RINGS		PROX.	Distal
	70mm		
	80mm		
	90mm		
	105mm		
	120mm		
	135mm		
	150mm		
	165mm		
	180mm		
	195mm		
	210mm		
	225mm		
240mm			

1/2 RINGS		PROX.	Distal
	120mm		
	150mm		
	180mm		

STRUTS		50-1031-XX-WB	10-702-XXXXXX-0	1 st	2 nd	3 rd	4 th	5 th	6 th
	XXS (00)								
	XS (01)								
	S (02)								
	M (03)								
	L (04)								
		Standard	Express						

	Prox. Ring Hole ID	Distal Ring Hole ID	Strut Length (mm)
Strut 1			
Strut 2			
Strut 3			
Strut 4			
Strut 5			
Strut 6			

Distraction: _____ mm Rotation: _____ ° 1st Correction Date: _____ Correction Step: _____ days