Custom Product Order Form

Physician's Certification and Signature

Since this is a Custom Device manufactured to your specifications, AART Inc. has not conducted clinical testing on the Device. AART Inc. is relying on your judgment as to the indications, contraindications, safety and efficacy of the device. AART Inc. warrants that reasonable care is used in the selection of materials and in manufacturing the device. AART Inc. disclaims any additional warranties concerning the safety or efficacy of the device in any medical procedure, including but not limited to suitability for the intended use. AART Inc. makes no representation concerning the useful life of the device. Final approval of the device and its use in any medical procedure are solely the responsibility of the physician, therefore, you should evaluate the conformance of the device to your specifications to use.

AART Inc. relies on you, the physician, to inform the patient that this device is a custom device manufactured to your specifications and to advise the patient of all-possible complications and risks associated with the device and surgical procedure. AART Inc. disclaims any further warranties concerning the safety or efficacy of the device.

Due to the unique nature of the custom device being ordered, it is impractical to validate a sterilization cycle as is done with standard catalog items. Therefore, any sterilization instructions provided with non-sterile devices are recommended as a guide ONLY. It will be your responsibility to establish the efficacy of the process used.

AGREEMENT

I have read and understood the above information. I accept the terms and conditions of this agreement.

SIGN _____

DATE: _____

Date: _____ Purchase Order Number: _____

Physician's Name: _____

Telephone: _____ Fax: _____

Address: _____ City: _____

State/Province: _____Zip: _____

Country: _____

Patient Name: _____

Quantity: _____Surgery Date: _____Due Date: _____

Dimensions: _____Color: _____
(all dimensions are in centimeters) (other than clear)

HARDNESS or Durometer(Specify level) _____

- ☐ **Firm**
- ☐ **Medium**
- ☐ **Soft**
- ☐ **Extra Soft**
- ☐ **Ultra Soft**

Additional information:

Product Sample:	**YES**	**NO**
Moulage Pattern:	**YES**	**NO**
Drawing:	**YES**	**NO**
Suture Tabs	**YES**	**NO**
Suture Holes (Fenestrations)	**YES**	**NO**

Labeling Requirements: _____

Packaging Requirements: _____

*** All Custom Implant Orders Must Be Pre-Paid**
*** Please Allow Four Weeks Minimum for Fabrication**

Moulage Kits Available. Phone: +(775) 853-6800 Fax: +(775) 853-6805