Spectrum Designs, Inc
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Carpinteria, CA 93013
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CUSTOM DEVICE DESIGN

Date	Surgery Date
Physican's Name	Hospital or Clinic
Address	Address
Phone	Phone
Fax	Fax
DEA Number	Patient Identifier
Device Description	
Fixation ___None ___Suture Loops ___Tissue In-growth Holes ___Texture ___Dacron Velour	Consistency ___X-Soft ___Soft ___Medium ___Firm ___Extra Firm Material consistency samples are available upon request

Sketch: **Indicate the following:**

- Maximal length, width, and thickness areas
- Position of fixation
- Body orientation