



3D Printing Request Form

Name of the contact person :

Title or Position :

Direct Number :

E-mail Address :

Name of the Referral Veterinary Hospital :

Name of the Operating Surgeon :

Scheduled date of the surgical intervention :

Desired date of delivery :

Patient's Name & Family Name :

Patient Details

Species : Dog/Cat Breed :

Weight (kg) :

Area of interest (ex: right femur, C2-C5, mandible):

Pathology (ex: congenital, malunion, neoplasia):

Is there an existing metal implant in the area of interest : Yes No

Other questions or comments :

Thank you for taking the time to fill out this form, please email it to DreMelissaVet@gmail.com.
You will be contacted shortly to review specification and answer any questions you may have.
For urgent or time sensitive inquiries, please call (514) 532 1253

A \$100 deposit is requested prior to initiating the modeling & printing process, the balance is due upon delivery. All payments will be credited towards the final invoice, to be provided via email. Payments by interac e-transfer to the above email address is preferred, credit card payments by phone for the deposit or in person at the time of delivery for the balance is also accepted.