

# APIL Pre-surgical 3D Model Information Form

## Case Details

Requesting Physician		Request Date		MRN	
Pathology					
Notes					

## Dataset Information

Study Date		Imaging Modality	
Initial Access Date			
Segmentation Series Number		Segmentation Program	
Segmentation Start		Segmentation End	
Total Segmentation Time			
Notes			

## Initial Model Review

Reviewing Radiologist			Review Date	
Edits Needed	YES	NO		
Description of Edits				
Notes				

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## Fabrication Information

Editing Programs			
Edits Made			
Print Start		Print End	
Printer ID(s)		Printer Type(s)	
Material(s)		Colour(s)	
Print Parameters			
Total Printer Time		Material Quantity	
Post Processing?	YES	NO	
Post Processing Steps		Post Processing Time	
# Pins Used		# Magnets Used	
Model Completion Date			
Notes			

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## Additional Model Review (If applicable)

Model Edit Version				
Reviewing Radiologist			Review Date	
Edits Needed	YES	NO		
Description of Edits				
Notes				

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Model Edit Version				
Reviewing Radiologist			Review Date	
Edits Needed	YES	NO		
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