



New Implant Manufacturer Form

Welcome to the Medstrat family! We are glad you have chosen to provide templates to surgeons through our suite of products. Please fill out this form in its entirety so that we can better understand how best to work with you. When you are done, please return this form to us via either FAX or mail. Thank you.

Return form to: Medstrat, Inc.
% Templates Coordinator
1901 Butterfield Rd, Ste 600
Downers Grove, IL 60515
or FAX to: (630) 960-9787

Where is your company located?

Company Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Who may our Template Coordinator contact for questions or concerns?

Contact's Name: _____

Phone: (_____) _____ - _____ **FAX:** (_____) _____ - _____

Email: _____

How will you provide us with access to your CAD files?

CAD file distribution style (please circle): CD/DVD Web Site Other

Notes: _____

For web site distribution, please provide the following:

Web Site: _____

Username: _____

Password: _____

What CAD file format(s) are you able to provide us?

CAD file format(s) you can provide (please circle): DXF HPGL Other

Notes: _____