



Final Approval Form

Please read carefully and sign below:

I, the Clinician, hereby approve of the applicable nerve tracking, implant size and placement, and the virtually designed "MGUIDE Surgical Template", and acknowledge that I am a licensed Clinician by law and am responsible for the actual surgical procedure and outcome. In addition, I acknowledge that the procedure recommended by MIS and the MIS MCENTER cannot replace my judgment and professional experience as a licensed Clinician. By signing below, I agree to these terms, the preoperative surgical plan, the virtual design of the "MGUIDE Surgical Template", the previously accepted "Terms and Conditions" from the originally signed "MGUIDE Work Order Form", and grant the MIS MCENTER to fabricate the aforementioned "MGUIDE Surgical Template".

Patient name:

Clinician's Name:

License #

State

Signature (required)

Date