

**RSNA 3D PRINTING SPECIAL INTEREST GROUP SHOWCASE SUBMISSION FORM**  
**RSNA 2022 - 3D PRINTING SHOWCASE**

**1. Submitter's Information**

Name:

Email:

Affiliation:

Case Name:

**2. Case Information**

Clinical Background/History: *Please provide the relevant clinical background such as diagnosis, management, and indication of the 3D printed model.*

Model Type (*Anatomic model or Anatomic guide*):

Number of Model Parts:

Source Imaging Exam Type:

Segmentation Program:

CAD Program:

Printer Type:

Material Type:

**3. Clinical Impact**

Intended Use: *Describe how the model was used, feedback given by the user(s) and or impact on treatment outcome.*

**4. Case Images**

Source Imaging or Segmentation

3D Printed Model