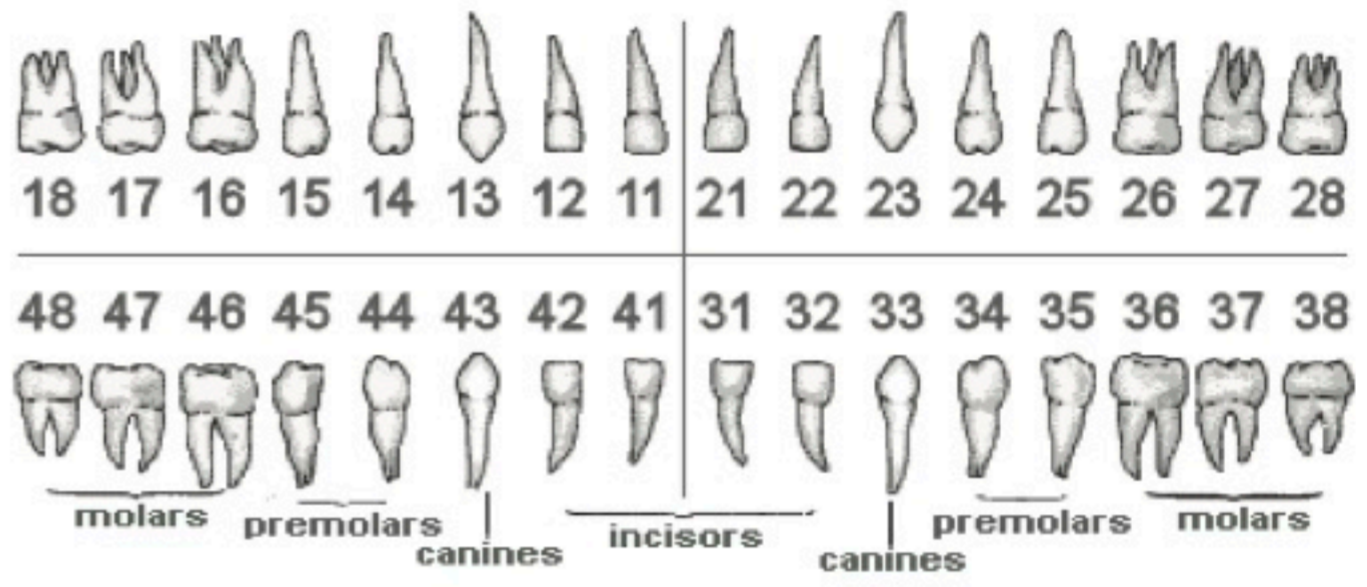


Placing Doctor _____
 Address _____ City _____ Province _____ Postal Code _____
 Email _____ Phone _____ Cell _____
 Patient _____ Deliver case to which office _____
 Surgery Date _____ (5 lab days to prep for online meeting once all record are received. 21 days post on-line meeting)

Restoring Doctor _____ include in online meeting
 Address _____ City _____ St _____ z _____
 Email _____ Phone _____ Cell _____

Surgical:
 Arch: Max / Man / Both (circle one)
 MAX _____
 MAN _____
 Implant Brand _____ Implant Brand _____
 Fully Guided Kit: _____



CT Scan: Maxillary Arch

- CT Scan Max Upper Patient Scan
- CT Scan Max Upper Appliance Scan

Mandibular Arch

- CT Scan Man Lower Patient Scan
- CT Scan Man Lower Appliance Scan

Important notes about CT Scans:

CT Scans - when scanning dentate patients always keep patients open biting on cotton rolls

Metal Restorations * IF patient has many metal restorations, make a scan appliance and take scan of the patient wearing the appliance and scan of the appliance alone

Patient wears a denture * ensure denture fits very well. If not make hard relines. Then put 1mm Gutta Percha markers randomly in denture and take the two scans.
 Patient with no stable bite must have a scan appliance fabricated

- Records** Digital Impression System OR Polyvinyl / Impressions or models
- Bite is very difficult Polyvinyl Registration Bite Block
 - Open VDO _____ mm Close VDO _____ mm
 - Shade _____ Smile Ideal smile or Duplication of current smile or See Notes
 - Clinical Photos: Full Smile Photo is imperative for esthetics of final prosthesis
 - Digital Smile Simulation

DLA to include these items in my case (*sent with all cases unless crossed out)

- Implants Abutments Temporary Cylinders *Reusable drill & pins
- Premium Back-up denture \$300 (standard)
- *Include Chairside Acrylic Conversion Kit

Special Instruction: