

IMPLANT PLANNING AND SURGICAL GUIDE - ORDER FORM

Dentist Name: _____ **Patient Name:** _____

Practice Name: _____ **Delivery Address:** _____

Email: _____

Phone: _____ **Surgery Date:** ___/___/____ **AM** **PM**

Please Specify Implant Site/s

<input type="checkbox"/>																	
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28		
<input type="checkbox"/>																	
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38		
<input type="checkbox"/>																	

CBCT Scan:

CD

Dropbox

Google Drive

USB

Surface Scan:

Models

Intra-Oral scan

Implant Planning:

Dental Link

**subject to Surgeon approval via teamviewer.
Please specify your preference of date and
time for Surgeon/Technician teamviewer meeting.
This should take no longer than 30 min.*

Date: ___/___/____ Time: _____

Surgeon

**with 3Shape Implant
planning software only*

Implant manufacturer:

Preferred implant type:

Type of surgical guide:
Pilot Fully guided

Immediate temporary implant crown:

Prefabricated

Post Surgery

Shade: _____

Additional Instructions: