

REQUEST FORM for Surgical Chairside Assistance

NDX nSequence[®] is pleased to announce this chairside service for ALL clients.

Would you like chairside technical assistance for your case? YES NO

Chairside Assistance is a \$750 non-refundable fee per single arch, and a \$1000 non-refundable fee per double arch.

If the case is delayed and requires the Chairside Technician to remain on site for more than one day, there is a \$750 non-refundable fee for a single arch or a \$1,000 non-refundable fee for a double arch per each additional day.

Patient's name _____

Maxillary Mandibular or Both Arches

Surgical Doctor's name _____ Doctor's Cell # (____) ____ - _____

Email address _____ Office Phone # (____) ____ - _____

Practice address _____ City _____ ST _____

Contact person at surgical office _____

Restorative Doctor's name _____ Doctor's Cell # (____) ____ - _____

Surgical date ___/___/___ Time ____:____ AM PM

(Please Note: Allow 2 weeks minimum from on-line meeting and doctor's approval for delivery of nSequence kit)

Location of surgery _____

Implant system using _____

Implant Sales Rep name _____ Sales Rep Cell # (____) ____ - _____

Will your Local Implant Sales Rep be attending the surgery? YES NO

Will the Restorative Doctor be attending the surgery? YES NO

Surgeon agrees to have reviewed nSequence kit and surgical reports prior to surgery and surgeon will confirm with implant rep if additional/back-up components, tools (extra abutments/angles and/or implants, long and short drivers) are needed and will be available at surgery.

NOTES: _____

Doctor's Signature _____ Date ____/____/____