NDX[®] **P**nSequence

CT Guided Protocol For CT Scanner Plus Intraoral Scanner

			888-809-2777		Seeth Q	
IDX 🖶 nSequence						
CT Guided Surgical Order						
Treatment Plan Information						
Sefect arch to treatment plan: * S Maulto Mandala						
In this an indequence Guided Prosthetics* case? (AB-On-X, full arch screwed down 1 $^{\odot}$ Ne $^{\odot}$ Sec	loced prosthes	n) •				
3. What type of implants are you planning on using? *						
Choces one						
6. What guided surgical instrumentation will you use? *						
Choicse one						
Professed Auticulator *						
Choose one						
Are you planning on sinus lifts/augmentation?* © No © No						











TERMINALLY DENTATE

1. Send Us The Digital RX Form Completely Filled Out Completely fill out the online digital RX form found on www.nsequence.com or your case cannot be processed.

2. Bite

Capture a full arch bite of the patient relating upper and lower dentition at a closed position. If the patient's opposing is a denture, be sure to use the denture as the opposing in capturing the bite. If you can provide a digital bite with your IOS scanner, please do so.

3. Patient CT Scan with Bite

Use at least a 0.3 voxel and export your scan as a multifile DICOM. Scan the patient wearing the bite at 0.3 voxel for 20 seconds. (Preferably 13cm field of view.)

4. Upper & Lower Digital Impression

Use your IOS scanner to take upper or lower digital impressions. Notify your service provider to send data to NDX nSequence[®].

5. Send Us Photos & Shade

Send us digital clinical photographs of the patient and the desired shade.

IMPORTANT NOTE

Be sure to send all digital scans from chairside/intraoral scanners to NDX nSequence as STL files. Registering NDX nSequence as a partner lab may be necessary.











NDX nSequence | 6980 Sierra Center Parkway, Suite 100 | Reno, NV 89511 | 888.809.2777 | nSequence.com

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NDX[®] **P**nSequence

CT Guided Protocol For CT Scanner Plus Conventional Impressions

DX" # nSequence			888-839-2777		54415	
CT Guided Surgical Order						
Treatment Plan Information						
Select arch to treatment plan: * II Moolla II Moolla						
is this an edequence Galded Prosibetics* case? (All-On-3, full arch screwed di \odot No \odot S_{11}	ours fixed prosities	60 °				
3. What type of implants are you planning on using? *						
Choose one						
4. What guided sargical instrumentation will you use? *						
Choose one						
Preferred Articulator *						
Choose one						
Are you planning on sinus lifts/augmentation? *						











TERMINALLY DENTATE

1. Send Us The Digital RX Form Completely Filled Out Completely fill out the online digital RX form found on www.nsequence.com or your case cannot be processed.

2. Bite

Capture a full arch bite of the patient relating upper and lower dentition at a closed position. If the patient's opposing is a denture, be sure to use the denture as the opposing.

3. Patient CT Scan with Bite

Use at least a 0.3 voxel and export your scan as a multifile DICOM. Scan the patient wearing the bite at 0.3 voxel for 20 seconds. (Preferably 13cm field of view.)

4. Upper & Lower Impressions

Take full upper and lower VPS impressions of your patient. Be sure to capture vestibules and peripheral rolls, as anatomically distal and as accurately as possible.

5. Send Us Photos & Shade

Send us digital clinical photographs of the patient and the desired shade.



TECHNOLOGY

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