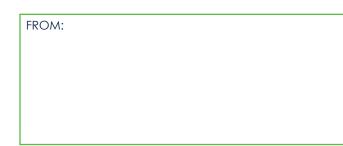


Surgical Guide RX



Date Due:
Patient Name:
Implant Type:
Maxilla Position(s):
Mandible Implant Position(s):
Please Select Surgical Guide Type: Fully Guided Pilot Guide Pilo
Immediate Screw-Retained Temporary Requested No Yes shade
Method Used to Transfer CBCT scan(s): □ Disc shipped to lab □ File emailed to lab
Email for "Live" Case Approval Session:

Requirements for Surgical Guide Planning

PARTIALLY EDENTULOUS PATIENT

(At least 6 teeth spread throughout the arch)

- CBCT scan of patient with arches separated by cotton rolls
- Upper and lower full arch accurate impressions
- Bite registration

FULLY EDENTULOUS PATIENT

- CBCT scan of patient wearing radiographic guide
- CBCT scan of just the radiographic guide
- Opposing accurate impression
- Bite registration

If this is your first surgical guide case, please call NDX Green to review CBCT scan settings, exporting of files, radiographic guide process, etc.

IMPORTANT

Please note that your case will not be executed until this completed prescription is received, along with all requirements listed above.

Dr.'s Signature		
License #	Date	

Scan Requirements

**ITEMS REQUIRED - CT SCAN in multi slice .dicom format and physical impression or digital impression in .stl format. Scans can be uploaded to:

https://nationaldentex.com/ndxgreen/upload-files

Please zip files before sending

OR LAB USE ONLY: