

Surgical Guide Rx

Date Due: _____
Please allow for 10 business days

Patient Name: _____

Implant Type: _____

Maxilla Implant Position(s): _____
Restoration Type:
 Crown/Bridge Locator
 Other _____

Mandible Implant Position(s): _____
Restoration Type:
 Crown/Bridge Locator
 Other _____

Please Select Surgical Guide Type:
 Fully Guided Pilot Guide

Immediate Screw-Retained Temporary Requested:
 No Yes Shade _____

Method Used to Transfer CBCT scan(s):
 Disc shipped to lab
 Uploaded to secure file transfer

Best Email for Screen-share Case Approval Session: _____

Doctor Name: _____

Contact Phone #: _____

Ship To Address: _____

City: _____

State: _____ Zip: _____

Requirements for Surgical Guide Planning

PARTIALLY EDENTULOUS PATIENT
(At least 4 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
Please send double scan with either a scan appliance or radiographic markers.

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://ndxftp.nationaldentex.com/keller>
Please zip files before sending

FOR LAB USE ONLY: