

# Order Form

## General Information

First Name

Last Name

Dental License No.

State Where Licensed

Email Address

Company/Practice Name

Telephone

Street Address

Office/Suite No.

City

State/Province

Zip/Postal Code

Country

Credit Card

Full Name on Card

Visa

Mastercard

American Express

Card Number

Security Code

Expiration Date

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## Procedure Information

Patient Full Name

Your Patient File No.

Surgery Date

Surgical Kit Used

Planned Restoration

- Cement-Related
- Screw Retained
- Removeable

Flapless Surgery?

- Yes
- No
- Not Sure

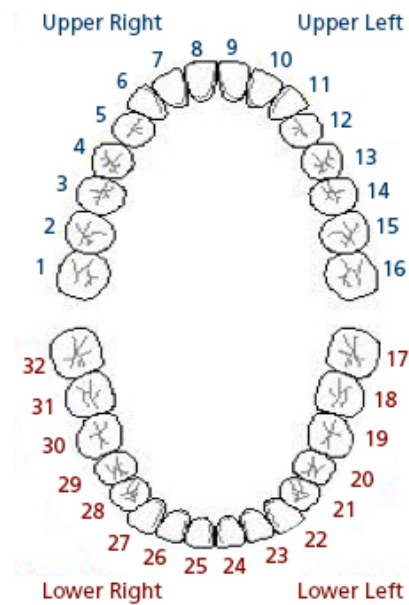
Implant placement immediately after tooth extraction?

- Yes
- No
- Not Sure

Would you like planning assistance?

- Yes (\$125.00 + tax)
- No

Please, refer to the illustration to determine the tooth number, and provide the requested information for each implant placement site.



Each surgical guide is \$285 (plus tax), which includes one implant placement site. Each additional implant placement site in a surgical guide is \$20. If implants will be placed in both the upper and lower arch, two orders will be generated.

Total number of implants to be placed?



# SIG

## Scan Implant Guide

### Order Form

Tooth No. \_\_\_\_\_; Implant Maker \_\_\_\_\_  
Implant Model \_\_\_\_\_; Diameter (mm)\_\_\_\_; Length (mm)\_\_\_\_

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Tooth No. _____; Implant Maker _____  Implant Model _____; Diameter (mm)_____; Length (mm)_____
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Tooth No. _____; Implant Maker _____  Implant Model _____; Diameter (mm)_____; Length (mm)_____
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Tooth No. _____; Implant Maker _____  Implant Model _____; Diameter (mm)_____; Length (mm)_____
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### Order Confirmation and Signature

After submission of this order to Scan Implant Guide, Inc., our technician will review it, total all costs, and contact you for confirmation before your card is charged. At that time, the technician will instruct you how to upload your patient scan(s) and arrange for delivery of the stone model of the patient's arch for 3D scanning.

Before any surgical guide is fabricated and delivered for use, the ordering doctor will be required to sign Scan Implant Guide's "Confirmation of Treatment Plan, Conditions of Use and Limitation of Liability," a copy of which can be found on our web site.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

