

Order Form

Procedure Information

Patient Full Name

Your Patient File No.

Surgery Date

Surgical Kit Used

Planned Restoration

- ☐ Cement-Related
☐ Screw Retained
☐ Removable

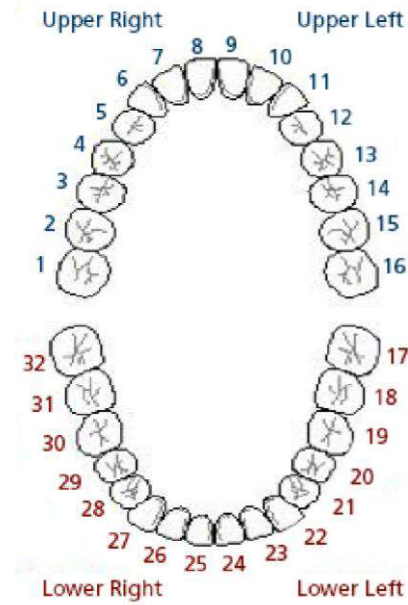
Flapless Surgery?

- ☐ Yes
☐ No ☐ Not Sure

Implant placement immediately after tooth extraction?

- ☐ Yes
☐ No ☐ Not Sure

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



Total number of implants to be placed?

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



SIG
Scan Implant Guide

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