

Date : _____ Communication _____ Email: _____
 Dentist : _____ Preference: _____ Cell: _____
 Patient : _____

Diagnostic Records Included:

CBCT format DICOM slice-by-slice:

- Sent to Shanto by Imaging Lab Emailed CD/USB

Models and Bite Registration:

- Intra Oral Scanner _____ Conventional Impressions

Service Required:

- Implant Plan and Surgical Guide
 Implant Plan, Surgical Guide and Temporary Restoration
 Implant Plan, Surgical Guide and Temporary Restoration and Final Restoration

Surgical Guide Type:

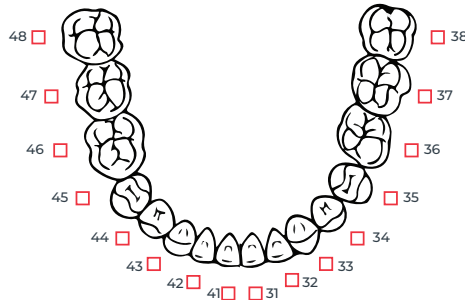
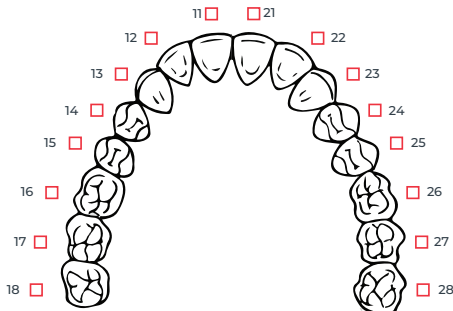
- Fully Guided Pilot Only:
 Sleeve Size 1.5 2.2
 Not Guided 2.0 2.8
 Brand _____ Other _____
 Anchor Pins: Yes No

Implants to be placed:

Tooth #'s _____ Implant Manufacturer & System: _____

Surgical Considerations:

- Sinus Lift Graft Extractions # _____



Immediate Temporary Restoration:

- Custom Healing Abutment Only
 Custom Healing Abutment + Restoration (options below)
 Essix with Tooth
 Temporary PMMA Implant Crown
 Maryland Bridge
 Temporary PMMA
 Partial Denture

Final Restoration:

(Final Implant Restoration Rx to be sent when ready to restore)

- Crown Bridge
 Denture Hybrid

Other Case Details:

Doctor's Signature: _____