

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

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

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)

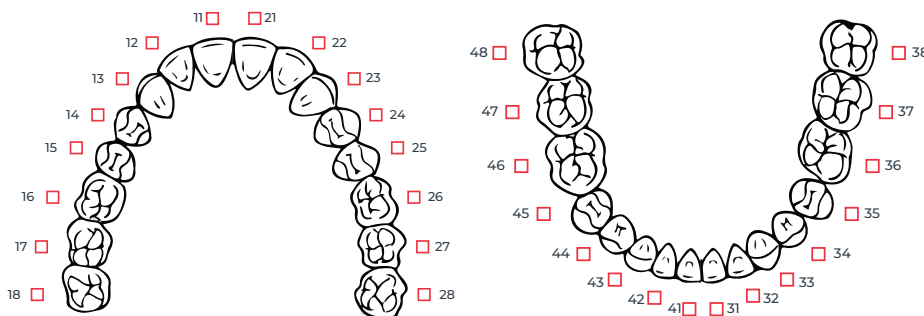
- ☐ Crown ☐ Bridge
☐ Denture ☐ Hybrid

Implants to be placed:

Tooth #'s _____ Implant Manufacturer & System: _____

Surgical Considerations:

☐ Sinus Lift ☐ Graft ☐ Extractions # _____



Other Case Details:

Doctor's Signature: _____