

Placing doctor _____ License # _____
 Address _____ City _____ St _____ Z _____
 Email _____ phone _____ cell _____
 Patient _____ Deliver case to which office _____
 Surgery Date _____ (5 lab days to prep for online meeting, 10 lab days post on-line meeting)

Restoring doctor _____ License # _____
 Address _____ City _____ St _____ Z _____
 Email _____ phone _____ cell _____

Surgical considerations:

Arch: Max / Man (circle one or both)
 Approximate implant positions _____
 Implant brand _____ Implant line _____
 Surgical kit to be used: _____

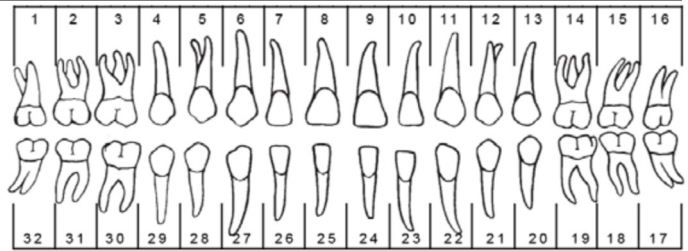


Figure 1 Implant Positions

- Include implants abutments temporary cylinders (doctor is responsible for ordering all parts)
- Include back-up denture Other _____

GuidedSMILE Material Checklist

All steps must be completed and checked off:

- DICOM uploaded via www.roedentallab.com (upload top of web site)
 - Fully edentulous – well-fitting denture scan with markers using the dual-scan protocol
 - Partially edentulous – determine if tooth set-up and try-in is needed for implant positions
- Clinical photos: Full smile photo is imperative for esthetics of final prosthesis
 - See “GuidedSmile photo template”
 - Upload via web portal www.roedentallab.com (upload top of web site)
- PVS, master casts or digital impressions (Cerec/E4D accepted)
(Upper and Lower with bite registration)
- Shade _____
- Articulation completed by: Lab _____ Doctor _____ /
GuidedSMILE recommends Stratos
- Smile Design: LVI Smiles, ROE Smile Selection Guide etc.
- Ideal Smile (preferred tooth length 8 & 9) _____
- Duplication of Current smile: Yes _____ No _____
- List mobile teeth not to be use for anchoring the Pin Guide _____
- Open VDO _____mm Close VDO _____mm

Special instruction: