



SUREguide™ CT Order Form

CT Implant Planning

PHASE 1 - General Information

Complete form with each case

Placing Dentist	Name		Restoring Dentist	Name	
	Address			Address	
	City, St. Zip			City, St. Zip	
	Phone			Phone	
	email address			Contac	
Patient Name			Scan Site	Phone	
Surgery Date:					
Deliver Guide To:					
Charge Scan Appliance to:		Charge Guide to:		Charge Planning to:	

PHASE 2 - Select a Service

No Scan Appliance technique **Scan Appliance**

Fabricate a scan appliance using the enclosed model Yes No

Type of Restoration Crown Bridge Hybrid Denture Overdenture w/ Bar Locator Prettau Bridge Other _____

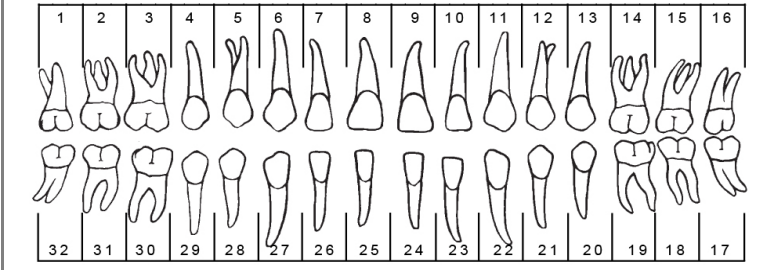
Type of Software BlueSkyPlan SimPlant ROE can decide

Will the procedure involve the immediate extraction of teeth at the time of implant placement? Yes No

Would you like to order a radiological reading of the CT? Initial _____ Yes No

Implant System Implant Body

Instructions:



Office Use Only

PHASE 3 - Guide Information

I am using my standard surgical kit and need one pilot guide or multiple guides (one for each drill) if multiple, how many _____ *

*If requesting multiple guides, list the drills in sequence you will be using _____

I am using a Guided Surgical Kit? BioHorizon Implant Direct Camlog Straumann 3i Nav SimPlant

Anatmage MIS Nobel Zimmer Astra Verban Drill Stops

This Work Authorization is subject to the terms and conditions of the Master Surgical Guide Agreement, which are incorporated herein by this reference. By submitting this Work Authorization, the above referenced Placing Dentist and Restoring Dentist (collectively "Dentist") represents, declares and agrees that the Dentist (1) is a licensed dental professional qualified to perform the dental implant procedure documented in the above case plan; (2) has reviewed the case plan and all relevant data related to the case plan and approve the same; (3) that the file and all relevant data provided to Roe Dental Laboratory, Inc. ("ROE") for purposes of constructing the surgical guide is accurate and approved by the Dentist; (4) agree that ROE is not responsible for improperly fitting surgical guides when the scan appliance used was fabricated by a third party or models the Scan Appliance was constructed on are not available; (5) assumes full responsibility for both the plan and resulting surgical guide(s); and (6) that this Work Authorization is being made subject to the terms of the Master Surgical Guide Agreement which includes, but is not limited to, disclaimers on all warranties and a limitation of ROE's liability. By submitting this Work Authorization, the Dentist is commissioning ROE to obtain or construct the surgical guide(s) and accepts all terms and conditions established by the surgical guide manufacturer and ROE.

Doctor's Name:	Signature	License #	Date
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