

PHASE 1 - General Information

Placing Dentist:	Name		Date:	
	Address			
	City, St. Zip		Patient Name:	
	Phone			
Restorative Dentist:	Name		Surgery Date:	
	Address			
	City, St. Zip		Deliver Guide To:	
	Phone			
Charge Scan Appliance to		Charge Guide(s) to		Charge Planning to

Notes:

PHASE 2 - Scan Appliance & Diagnostic Information

Has the final tooth position been approved with diag. waxup, setup or provisionals? **Initial** _____ Yes No

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

Type of Software iDent SimPlant NobelGuide BlueSkyPlan easyGuide

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

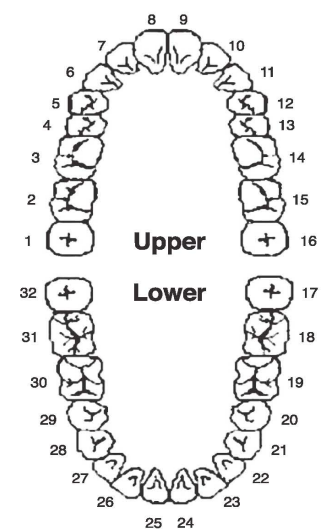
If yes, will the radiographic guide be modified and rescanned? Yes No

Notes:

Indicate implant sites ↘

Implant Brand ↓

Implant System ↓



PHASE 3 CBCT of the Scan Appliance

CT scan site name, phone number, and contact person _____

Imaging equipment to be used? _____

Are the models used for the scan appliance at the lab or being sent from doctor's office? Lab Sent

Notes:

