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Surgical Guide Order Form

Please fill out all items on this order form. A surgical guide cannot be planned or manufactured without all information. Please enquire with us if you would like to fill out this form electronically or online.

| Invoicing & Delivery Dr | Surgical Guide Options Type of guidance required |
|--|---|
| Company/Practice name | ☐ Pilot guide ☐ Fully guided |
| Phone | Implant System: |
| Email | |
| | |
| Patient details | |
| Name | |
| DOB | Mark implant positions (including type and size), |
| Proposed treatment date | tooth restoration positions, extraction and graft sites on this tooth diagram |
| | on this tooth diagram |
| Planning & Surgical Guide approval | |
| The plan will be approved by $\ \square$ Me $\ \square$ Others (specify) | |
| Name | |
| Phone | |
| Email | |
| | Right Left |
| Service | A D |
| ☐ Print supplied Stl file. | 4 3 |
| ☐ Please use my Planning to Design Surgical Guide Stl and 3D print Surgical Guide. | |
| ☐ Full Planning Design Surgical Guide Stl and 3D Print Surgical Guide. | Emp. |
| ☐ Provide Sleeves. | |
| | |
| | |

Declaration

Dentacast Australia provides surgical guide services, to assist the clinician to provide predicable outcomes for your patient. Dentacast Australia take no responsibility for the clinical or prosthetic outcome. Further as the clinician responsible for the patient undertaking a surgical proceedure I take full responsibility of the care of the patient indicated on this form.

| Signed | Date |
|--------|------|
|--------|------|





