

Surgical Guide Rx

FROM:

Scan Requirements

****ITEMS REQUIRED - CT SCAN** in multi slice .dicom format and physical impression or digital impression in .stl format. Scans can be uploaded to:

<https://nationaldentex.com/ndxgreen/upload-files>

Please zip files before sending

Requirements for Surgical Guide Planning

PARTIALLY EDENTULOUS PATIENT

(At least 6 teeth spread throughout the arch)

- CBCT scan of patient with arches separated by cotton rolls
- Upper and lower full arch accurate impressions
- Bite registration

FULLY EDENTULOUS PATIENT

- CBCT scan of patient wearing radiographic guide
- CBCT scan of just the radiographic guide
- Opposing accurate impression
- Bite registration

If this is your first surgical guide case, please call NDX Green to review CBCT scan settings, exporting of files, radiographic guide process, etc.

****IMPORTANT****

Please note that your case will not be executed until this completed prescription is received, along with all requirements listed above.

FOR LAB USE ONLY:

Date Due: _____
Please allow 10 business days

Patient Name: _____

Implant Type: _____

Maxilla Position(s): _____

Restoration Type:

- Crown/Bridge All-on-4®
 Locator Other _____

Mandible Implant Position(s): _____

Restoration Type:

- Crown/Bridge All-on-4®
 Locator Other _____

Please Select Surgical Guide Type:

- Fully Guided Pilot Guide

Immediate Screw-Retained Temporary Requested:

- No Yes shade _____

Method Used to Transfer CBCT scan(s):

- Disc shipped to lab
 File emailed to lab

Email for "Live" Case Approval Session:

Dr.'s Signature

License #

Date