



NAVIGATION GUIDED SYNERGY & PROSTHETICS PACKAGE

...Because what you don't know can hurt you!
*REQUIRED INFORMATION



ABSOLUTE DIGITAL TREATMENT PLANNING

*SURGEON: _____ RESTORATIVE DR: _____

*PATIENT/PIC#: _____

Required for case communication to maintain HIPAA compliance. Please enter existing PIC (already used within your office). Or create a 5-7 digit code (alpha & numerical) Example: Pt. John Doe = JD1234. Please chart this code for your records.

DR(S) EMAIL(S) / CELL(S): _____

CONTACT NAME/INFO TO SCHEDULE REVIEW: _____

*DELIVERY	LOCATION: _____
	DATE NEEDED: _____ TIME NEEDED: _____
	SURGERY DATE: _____

*IMPLANT TYPE/SIZES PREFERRED : _____

DO YOU HAVE A GUIDED KIT WITH HANDLES / SLEEVES? YES NO
(required for conversion)

WILL PROVIDE PLAN PREFERENCE

DIGITAL PLANNER TO SUGGEST IDEAL SETUP

*TEETH TO BE EXTRACTED	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
*IMPLANTS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DIAGNOSTICS

*DICOM DATA (UNCOMPRESSED FULL ARCH DCM FILES NEEDED)
SENT VIA: USB DISK 360 COURIER
CBCT USED: _____

*PATIENT PHOTOS (required for conversion)

*IMPRESSION, OPPOSING & BITE REGISTRATION
SENT VIA: DIGITAL MODEL

GUIDE TYPE PILOT GUIDE PILOT DRILL SIZE: _____

FULLY GUIDED

NAVIGATION GUIDED SURGERY CHAIRSIDE CONVERSION

BONE REDUCTION NEEDED

*GUIDE DESIGN TOOTH TISSUE BONE

QUADRANT FULL ARCH

ABSOLUTE FIXED PROSTHETICS

*SHADE: _____

SINGLE UNITS

- TEMPORIZATION: PREOPERATIVE TEMP SAME DAY TEMP
- FINAL RESTORATION: SCREW RETAINED CEMENT RETAINED

HYBRID SOLUTIONS:

- SIGNATURE ZIRCONIA HYBRID
- SIGNATURE NANO CERAMIC HYBRID
- F-TX FIXED HYBRID
- SIGNATURE LONG TERM PMMA

PREMIUM HYBRID OPTION:

- MASTER CRAFTED COCR HYBRID BAR WITH LAYERED CERAMICS

REMOVABLE PROSTHETICS

CLIP BAR WITH DENTURE:

- LOCATOR BAR HADER DOLDER
- CONUS DENTURE
- LOCATOR OR ERA

*SPECIAL INSTRUCTIONS: _____

DENTIST SIGNATURE

DENTIST LICENSE

3600 University Drive | Durham, NC 27707

By signing and submitting this prescription the undersigned is agreeing to pay for the item(s) prescribed.
Terms: Net 30 with service charge of 1.5% per month on charges over 30 days after statement date