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301-305-8932

E-mail: infiniadental@gmail.com

Dr.: _____ Phone _____

Patient : _____ Dr. Acc.# _____

DUE DATE : _____ Sent Date : _____

VACUUM FORMED SURGICAL STENT

☐ Vacuum formed Surgical Stent with Hole ☐ Buccal Window Stent ☐ Occlusal Window Stent



FILL IMPLANT SITE WITH

☐ Clear Resin ☐ Radiolucent Resin ☐ Radiolucent Denture Tooth
☐ Alveoplasty Surgical Guide (Immediate Denture Surgical Guide)

3D PRINTED SURGICAL STENT

Implant Company _____ Implant Size _____

☐ Fully Guided Surgical Stent & Implant Treatment Planning

☐ Pilot Drill Stent & Implant Treatment Planning

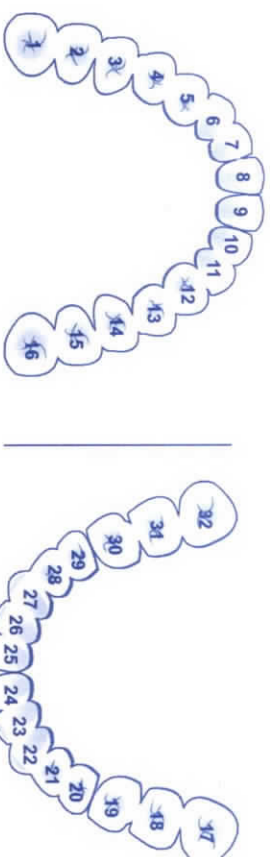
STACKABLE SURGICAL GUIDE

☐ 360° Imaging
☐ Chrome Smile
☐ Mucosa Guide
☐ Bone Guide
☐ Tooth Bone Guide
☐ Stackable Guide

CASE-LABELS

☐ FLAPPED ☐ FLAPLESS

☐ QUADRANT ☐ FULL



R SPECIFIC INSTRUCTIONS

Dr. Signature

License #



All Restorations
Made in the USA