

## COMPUTER GUIDED SURGERY IMPLANT PLANNING RX

Date Sent \_\_\_\_\_

Patient Name \_\_\_\_\_  Male  Female  Non-binary Age \_\_\_\_\_

Return Date \_\_\_\_\_ Appt. Date \_\_\_\_\_ Time \_\_\_\_\_

Maxilla  Mandible

**IMPLANT:**

Manufacturer \_\_\_\_\_

System \_\_\_\_\_

**FINAL PROSTHETIC GOAL**

- Fixed  Cementable Restoration
- Removeable  PMMA Provisional
- Screw Retained

Guide Kit  Fully Guided  Standard

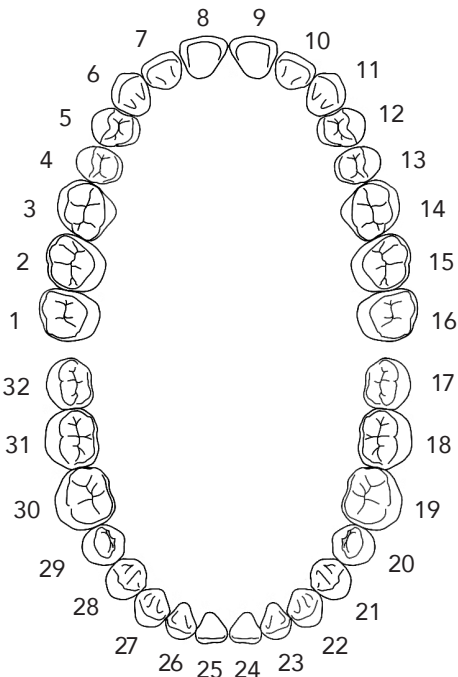
**SURGICAL GUIDE OPTIONS**

- Tissue Guide (Flapless)  Model Based
- Bone Guide (Flap)  Gonyx
- Tooth Supported Guide

Future Procedure  Sinus Lift  Bone Grafting

**ADDITIONAL OPTIONS**

3D Printed Bone Model **Send To:**  CaseXChange  iPad  REALGUIDE Account



**RX NOTE:**

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Email: \_\_\_\_\_

Office \_\_\_\_\_ Location \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctors Signature \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ License. # \_\_\_\_\_