



Patient Name: _____

Date of Birth: _____

Requested Due Date: _____

Surgery Date: _____

General Planning Information:

Type of Surgical Guide: _____

How are CT/DICOM files being sent? _____

How are models being sent? _____

Number of Implants? _____

Select Implant System and Guide Surgical Kit:

Implant System/Manufacturer: _____

Type of Surgical Drill Kit: _____

Implant Tooth Position(s): _____

Desired Implant Width and Lengths: _____

Type of tissue flap anticipated? _____

Expedited Turnaround being requested? _____

(Standard cases will be shipped within 5 business day from receipt of adequate records.)

Additional Comments / Instructions:

Doctor's Information

Full Name: _____

Phone #: _____

Address: _____

License #: _____

Submitting this data is subject to the terms and conditions of the Master Surgical Guide Agreement, which are incorporated herein by this reference. The above referenced Placing Dentist and Restoring Dentist (collectively "Dentist") represents, declares and agrees that the Dentist:

1. Is a licensed dental professional qualified to perform the dental implant procedure documented in the above case plan;
2. Has or will review the case plan and all relevant data related to the case plan and approve the same;
3. That the file and all relevant data provided to Guided Excellence, LLC for purposes of constructing the surgical guide is accurate and approved by the Dentist;
4. Agree that Guided Excellence, LLC is not responsible for improperly fitting surgical guides when the scan appliance used was fabricated by a third party or models the Scan Appliance was constructed on are not available;
5. Assumes full responsibility for both the plan and resulting surgical guide(s); and
6. That this data will be accompanied by our Work Authorization which is made subject to the terms of the Master Surgical Guide Agreement which includes, but is not limited to, disclaimers on all warranties and a limitation of Guided Excellence, LLC liability.

The Customer is commissioning Guided Excellence, LLC to obtain, plan or construct the surgical guide(s) and accepts all terms and conditions established by the surgical guide manufacturer and Guided Excellence, LLC.

Dr.'s Signature: _____

Date: _____