

CLIENT INFORMATION

Name/Office

Tel:

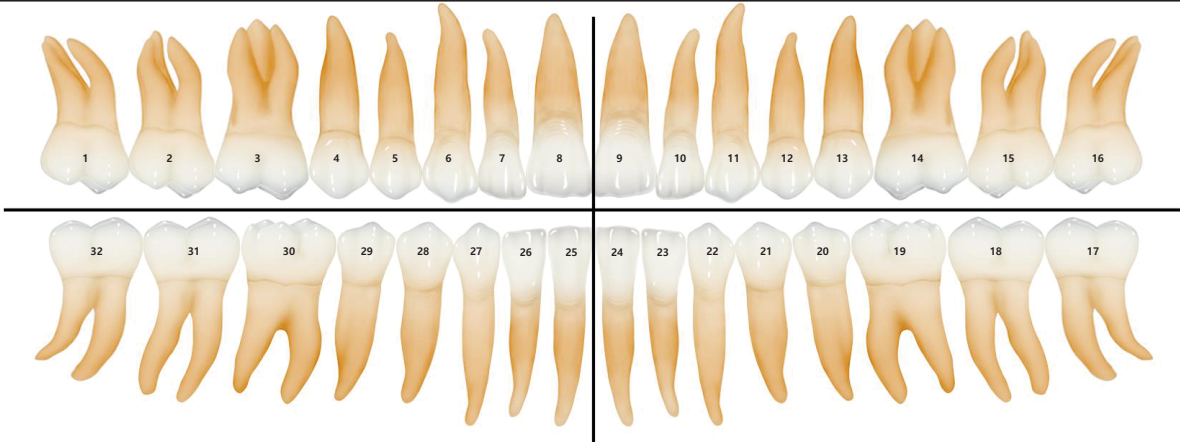
Delivery Address

E-mail:

Patient Information :

Account #

Implant Site (Please circle the tooth number to select)



ENCLOSED ITEMS LIST

Required

VPS Impression/Stone Model ☐ Full Arch (Include Opposite)

Bite Registration ☐ Full Arch

CBCT Data ☐ Secure the proper size of FOV

When you order **Radiographic Guide** at first, please send us **only VPS Impressions** to make model.

Order Prothethics

Order Surgical Guide

☐ Planning and Template

☐ Planning Only

Order Temporary Crown with Abutment

☐ SMARTFIT Abutment (☐ Titanium ☐ Gold Shade ☐ Hybrid)

☐ Transfer Abutment

Tooth Number for Temporary Crown

Upper #

Lower #

Shade :

SPECIAL INSTRUCTIONS

Factor Preference | Medical Status | Soft-Tissue Anatomy | Bone Anatomy of Alveolar crest | Bone Density | Loading | Vertical Dimension | Etc.

Remarks