

# ProperGuide Implant Lab

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Patient First Name

Input field for Patient First Name

Expected Delivery

\_\_\_\_\_

Patient Last Name

Input field for Patient Last Name

Patient Appt. Date

\_\_\_\_\_

### Provided by Doctor

- Full Arch Impression
- Study Models
- FMX
- \_\_\_\_\_
- Bite Registration
- CBCT
- Pano
- \_\_\_\_\_

### Tooth Number

- |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 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 |

Specific Instruction:

**Tooth extraction at time of implant?**

Yes     No

**OsstemGuide Kit?**     Yes

Other: \_\_\_\_\_

**Planned num. of anchor screws:**

0         1         2         3

**Planned implant system:**

\_\_\_\_\_

**Planned implant type:**

\_\_\_\_\_

**Planned implant size:**

\_\_\_\_\_

Office Name: \_\_\_\_\_ Dr. Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_