

Surgical Guide Order Form



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cases@premiumdentallab.com.au

Account details:

Dentist Name: Phone Number: Account Number:
Practice Name: Email Address (For approval of the case plan):
Practice Address:

Case details:

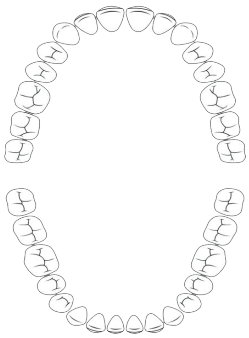
Patient ID: (If using patient name, please ensure consent) Case sent: / / Guide required by: / / AM/PM
(Please allow 10 working days)

Together with this form, I have sent:

CBCT via: _____ and impressions (Digital Scan PVS) via: _____

Implant details:

Please Indicate desired implant site(s):



Surgical Guide System: _____

Please Indicate desired implant brand, series, length and diameter (if known):

Tooth Number	Implant Brand	Implant Series	Diameter (mm)	Length (mm)

Please indicate any teeth that will be extracted prior (or during) surgery:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Additional Information:

Consent:

I Understand my clinical obligations as per the terms and conditions below, in that I, the Clinician, am solely responsible for approval of the plan and the clinical outcome for the patient.

Name: _____ Signed: _____ Date: ___ / ___ / ___

Terms and Conditions:

The Clinician understands and acknowledges that Premium Dental Lab (PDL) is the supplier of the surgical guide ordered in this document. The circumstance in which this product is ordered and used are only under the control of the Clinician, and the Clinician assumes full responsibility for the case planning and outcome. The Clinician agrees to verify the conformity of any delivered product with their order before using it. Should the Clinician omit to perform such control or decide to use a non-conformable product, PDL is free from any liability for the consequences of the use of such a product. The surgical guide represents only a suggestion for treatment. The Clinician must verify if the surgical plan corresponds to their preoperatively designed surgical plan prior to surgery, and assess the appropriateness of its use clinically. Provision of the surgical guide does not in any way infer or give any Clinician authorisation to use the guide clinically. The Clinician is solely responsible to ensure they have the relevant experience, qualifications and/or licences as required by law to make such a request from PDL, and to use the provided surgical guide clinically. The Clinician is solely responsible for the actual surgery performed, regardless of the virtual planning. Any adjustments in the surgical plan in the event of a variance between the clinical situation and the virtual planning is at the sole discretion of the clinician.

The liability of PDL for real and proven damages, regardless of the gravity of the failure are limited to the price of the product directly related to the claim. Under no circumstances can indemnity be grounded for indirect damages such as, but not limited to: loss of revenue, increases expense, loss of customers or goodwill, loss of benefits or expected savings or any other financial or commercial losses which are not direct and immediate consequences of a shortcoming of PDL in its obligations. PDL is not responsible for any shipping delays outside of its own control. PDL products must be used in accordance with any instructions for use provided by the manufacturer. PDL makes no warranty, express or implied, except that all PDL products shall be free from defects in material and workmanship. Any warranty applies only to the original buyer and is non transferrable. No amendments or modifications may be made to this document unless in writing and duly executed by and authorised representative of PDL. These terms and conditions are to be read together with Premium Dental Lab Account Terms and Conditions and are governed by the laws of the state of Queensland. The Clinician, by signing this form, understands, acknowledges and agrees to all the "terms and conditions" and requests that a surgical guide be manufactured by PDL in accordance with their approved surgical plan.