

Full Arch Surgical Guide Lab Form



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Account details:

Dentist Name: Phone Number: Account Number:
Practice Name: Email Address:
Practice Address:

Case details:

Patient ID: (If using patient name, please ensure consent) Case Submission Date: / / Surgery Date: / / Rush Case: (Please contact lab and confirm availability prior to sending case)
(Ensure 3 weeks between submission date and surgery date)

Case Information

Treating Arch	Opposing Arch	Guide Type
<input type="checkbox"/> Upper <input type="checkbox"/> Lower	<input type="checkbox"/> As Is <input type="checkbox"/> Further Treatment*	<input type="checkbox"/> Stackable
<u>Condition of Treating Arch</u>	<u>Condition of Opposing Arch</u>	<input type="checkbox"/> Tooth Borne
<input type="checkbox"/> Dentate	<input type="checkbox"/> Dentate	<input type="checkbox"/> Bone Borne Guide
<input type="checkbox"/> Hopeless	<input type="checkbox"/> Hopeless	<input type="checkbox"/> Dual Arch Scan Tissue Guide
<input type="checkbox"/> Edentulous	<input type="checkbox"/> Edentulous	<u>Provisional Restoration</u>
<u>Number of Implants</u>	*Description of Further Treatment	<input type="checkbox"/> Yes, integrate into guide
<input type="checkbox"/> _____	<input type="text"/>	<input type="checkbox"/> No
<input type="checkbox"/> To be dictated by planning	<input type="text"/>	Shade for Provisional: _____

Implant Information

Implant Brand	Final Prosthesis	Upload Checklist:
Implant Brand Requested: <input type="text"/>	<input type="checkbox"/> FP1 <input type="checkbox"/> FP3	<input type="checkbox"/> CBCT
Implant Series Requested: <input type="text"/>	<input type="checkbox"/> Titanium Bar with Zirconia Bridge	<input type="checkbox"/> Intra Oral Scan
Fixation Pin Brand/Type: <input type="text"/>	<input type="checkbox"/> Full Zirconia with Ti-Bases	<input type="checkbox"/> Maximum Smile Photo
	<input type="checkbox"/> Full Zirconia direct to MUA	<input type="checkbox"/> Bite Photos (Frontal, LHS, RHS)

Additional instructions:

Confirmation to Proceed and Acceptance of Terms and Conditions*: (*T's & C's Available to view on standard surgical guide form)

Clinician Name: _____ Signature: _____ Date: _____ / _____ / _____