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Placing Dentist: _____
Address _____
City, St. Zip _____
Phone # _____ Acct # _____
Email address _____

Restoring Dentist: _____
Address _____
City, St. Zip _____
Phone # _____ Acct # _____
Email address _____
Scan Site /Phone _____

Patient's Name: _____
Age _____ Female Male
Deliver by 5 p.m. on _____
Review Time: _____

Enclosed with case: Impressions Models Bite Photos Other: _____

Surgical Guide (Complete)

- Bone Guide
- Tissue Guide
- Teeth Guide
- Stackable Guide
- Surgical Guide (Only Planning)

Immediate Temporary Restoration

- CAM/CAD PMMA Temp
- Custom Healing Cap
- Immediate Denture
- Immediate PMMA Bridge

Chairside Assistance

- Yes
- No

Type of Final Restoration

- Crown
- Hybrid
- Locator
- Other _____
- Bridge
- Overdenture w/Bar

Will the procedure involve the immediate extraction of teeth at the time of implant placement?

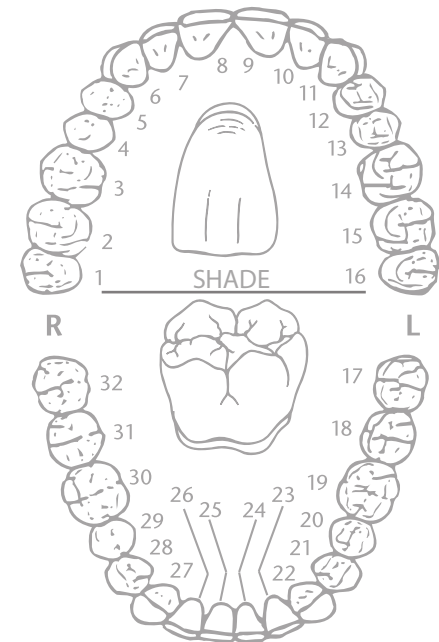
- Yes
- No

Preferred Implant System _____

The Surgical Guide, Surgical Report and Drilling Protocol are to be used by qualified dental professionals only. Customer shall not make any modification, alteration or addition to the Surgical Guide.

Customer agrees to control the conformity of any delivered Surgical Guide before using it. Should the Customer fail to perform such control or decide to use a non-conformable Surgical Guide, the Customer frees the Company from any liability whatsoever.

Additional Notes



Doctor's Name: _____ **Signature** _____ **License #:** _____