



# NAVIGATION GUIDED SYNERGY & PROSTHETICS PACKAGE

...Because what you don't know can hurt you!

\*REQUIRED INFORMATION



## ABSOLUTE DIGITAL TREATMENT PLANNING

\*SURGEON: \_\_\_\_\_ RESTORATIVE DR: \_\_\_\_\_

\*PATIENT/PIC#: \_\_\_\_\_

Required for case communication to maintain HIPAA compliance. Please enter existing PIC (already used within your office). Or create a 5-7 digit code (alpha & numerical) Example: Pt. John Doe = JD1234. Please chart this code for your records.

DR(S) EMAIL(S) / CELL(S): \_\_\_\_\_

CONTACT NAME/INFO TO SCHEDULE REVIEW: \_\_\_\_\_

*DELIVERY	LOCATION: _____
	DATE NEEDED: _____ TIME NEEDED: _____
	SURGERY DATE: _____

\*IMPLANT TYPE/SIZES PREFERRED : \_\_\_\_\_

DO YOU HAVE A GUIDED KIT WITH HANDLES / SLEEVES?  YES  NO  
(required for conversion)

WILL PROVIDE PLAN PREFERENCE

DIGITAL PLANNER TO SUGGEST IDEAL SETUP

*TEETH TO BE EXTRACTED	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
*IMPLANTS	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

## DIAGNOSTICS

\*DICOM DATA (UNCOMPRESSED FULL ARCH DCM FILES NEEDED)  
SENT VIA:  USB  DISK  360 COURIER  
CBCT USED: \_\_\_\_\_

\*PATIENT PHOTO (required for conversion)

\*IMPRESSION, OPPOSING & BITE REGISTRATION  
SENT VIA:  DIGITAL  MODEL

GUIDE TYPE  PILOT GUIDE PILOT DRILL SIZE: \_\_\_\_\_

FULLY GUIDED

NAVIGATION GUIDED SURGERY CHAIRSIDE CONVERSION

BONE REDUCTION NEEDED

\*GUIDE DESIGN  TOOTH  TISSUE  BONE

QUADRANT  FULL ARCH

## ABSOLUTE FIXED PROSTHETICS

\*SHADE: \_\_\_\_\_

### SINGLE UNITS

- TEMPORIZATION:  PREOPERATIVE TEMP  SAME DAY TEMP
- FINAL RESTORATION:  SCREW RETAINED  CEMENT RETAINED

### HYBRID SOLUTIONS:

- SIGNATURE ZIRCONIA HYBRID
- SIGNATURE NANO CERAMIC HYBRID
- F-TX FIXED HYBRID
- SIGNATURE LONG TERM PMMA

### PREMIUM HYBRID OPTION:

- MASTER CRAFTED COCR HYBRID BAR WITH LAYERED CERAMICS

## REMOVABLE PROSTHETICS

### CLIP BAR WITH DENTURE:

- LOCATOR BAR  HADER  DOLDER
- CONUS DENTURE
- LOCATOR OR ERA

\*SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DENTIST SIGNATURE

\_\_\_\_\_  
DENTIST LICENSE

3600 University Drive | Durham, NC 27707

By signing and submitting this prescription the undersigned is agreeing to pay for the item(s) prescribed.  
Terms: Net 30 with service charge of 1.5% per month on charges over 30 days after statement date