

### PHASE 1 - General Information

Complete form with each case

<b>Placing Dentist</b>	Name		<b>Restoring Dentist</b>	Name	
	Address			Address	
	City, St. Zip			City, St. Zip	
	Phone			Phone	
	email address			<b>Patient Name</b>	
<b>Surgery Date:</b>			<b>Scan Site</b>	Contact	
<b>Deliver Guide To:</b>				Phone	

Charge Scan Appliance to:		Charge Guide to:		Charge Planning to:	
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### PHASE 2 - Select a Service

<b>Standard</b> <input type="checkbox"/>	<b>No Scan Appliance technique</b> <input type="checkbox"/>
Has the final tooth position been approved with diag. waxup, setup or provisionals? <b>Initial</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Restoration <b>Crown</b> <input type="checkbox"/> <b>Bridge</b> <input type="checkbox"/> <b>Hybrid Denture</b> <input type="checkbox"/> <b>Overdenture w/ Bar</b> <input type="checkbox"/> <b>Overdenture Standard</b> <input type="checkbox"/> <b>Other</b> _____	
Type of Software <b>iDent</b> <input type="checkbox"/> <b>SimPlant</b> <input type="checkbox"/> <b>NobelGuide</b> <input type="checkbox"/> <b>BlueSkyPlan</b> <input type="checkbox"/> <b>easyGuide</b> <input type="checkbox"/>	
Will the procedure involve the immediate extraction of teeth at the time of implant placement?*	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

\* If yes the radiographic guide will be modified and rescanned

**Notes:**

Implant Brand _____  Implant System _____	
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### PHASE 3 - Surgery Information

Would you like to order a radiological reading of the CT?	<b>Initial</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Guided Surgical kit to be used?	iDent <input type="checkbox"/> Straumann <input type="checkbox"/> Navigator <input type="checkbox"/> SimPlant Safe <input type="checkbox"/> Nobel <input type="checkbox"/> Zimmer <input type="checkbox"/> Astra <input type="checkbox"/>

Tooth #	Implant System	Implant Body	Implant Size	Drill Sequence			
				Pilot Drill	2nd Drill	3rd Drill	4th Drill

Guide tube dimensions: if requesting multiple guides you must indicate the drill sequence you will be using or the internal diameter of the guide tubes you would like placed into the surgical guides. Use the table to the left to communicate this information.

This Work Authorization is subject to the terms and conditions of the Master Surgical Guide Agreement, which are incorporated herein by this reference. By submitting this Work Authorization, the above referenced Placing Dentist and Restoring Dentist (collectively "Dentist") represents, declares and agrees that the Dentist (1) is a licensed dental professional qualified to perform the dental implant procedure documented in the above case plan; (2) has reviewed the case plan and all relevant data related to the case plan and approve the same; (3) that the file and all relevant data provided to Roe Dental Laboratory, Inc. ("ROE") for purposes of constructing the surgical guide is accurate and approved by the Dentist; (4) agree that ROE is not responsible for improperly fitting surgical guides when the scan appliance used was fabricated by a third party or models the Scan Appliance was constructed on are not available; (5) assumes full responsibility for both the plan and resulting surgical guide(s); and (6) that this Work Authorization is being made subject to the terms of the Master Surgical Guide Agreement which includes, but is not limited to, disclaimers on all warranties and a limitation of ROE's liability.

By submitting this Work Authorization, the Dentist is commissioning ROE to obtain or construct the surgical guide(s) and accepts all terms and conditions established by the surgical guide manufacturer and ROE.

<b>Doctor's Name:</b>		<b>Fax number:</b>	
<b>Signature</b>		<b>Date</b>	