

**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			Contac	
<b>Patient Name</b>			<b>Scan Site</b>		
<b>Surgery Date:</b>					
<b>Deliver Guide To:</b>					
<b>Charge Scan Appliance to:</b>		<b>Charge Guide to:</b>		<b>Charge Planning to:</b>	

**PHASE 2 - Select a Service**      **No Scan Appliance technique**       **Scan Appliance**

Fabricate a scan appliance using the enclosed model    Yes     No

Type of Restoration    Crown  Bridge  Hybrid Denture  Overdenture w/ Bar  Locator  Prettau Bridge  Other \_\_\_\_\_

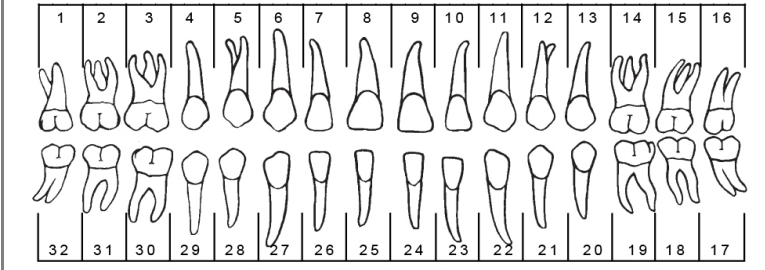
Type of Software    BlueSkyPlan  SimPlant  CoDiagnostix  3Shape Implant Studio  ROE can decide

Will the procedure involve the immediate extraction of teeth at the time of implant placement?    Yes     No

Would you like to order a radiological reading of the CT?    Initial \_\_\_\_\_ Yes     No

Implant System       Implant Body

**Instructions:**

Office Use Only

**PHASE 3 - Guide Information**

I am using my standard surgical kit and need one pilot guide  or multiple guides (one for each drill)  if multiple, how many \_\_\_\_\_ \*

\*If requesting multiple guides, list the drills in sequence you will be using \_\_\_\_\_

I am using a Guided Surgical Kit?    BioHorizon     Implant Direct     Camlog     Straumann     3i Nav     SimPlant

Anatmage     MIS     Nobel     Zimmer     Astra     Verban Drill Stops

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>Signature</b>	<b>License #</b>	<b>Date</b>
ROE Dental Laboratory 7165 E. Pleasant Valley Rd Independence, Ohio 44131	<span style="border: 1px dashed black; padding: 5px;"> </span>		/ /
		216 663 2237 f 800 228 6663 p	www.roedentallab.com