**Surgical guide ordering form**

**Patient`s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgery date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Surgical guide on teeth**

**Information for planning needed:**

1. Patient CBCT (dicom multi file)
2. Impressions:

* STL file ([labor@kliinik32.ee](mailto:labor@kliinik32.ee))
* Silikon impression
* Stone Models

**Type of surgical guide:**

|  |  |
| --- | --- |
| Full guided (5mm sleeves) | Pilot guided (2,8mm sleeves) |

**Preliminary information for surgical guide planning:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tooth position | Implant type | Implant diameter | Implant length | Subcrestal in the bone (mm) | Preliminary angulation % |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**I`m planning:**

* Extract tooth number ..................................
* Bone reduction
* Bone augmentation
* Sinus lift operation

**I would like to order:**

* Surgical guide planning and drilling protocol- pdf file (24 hour after all information was received
* Surgical guide- STL file
* Surgical guide- printing
* Stone model casting
* Implant sleeve (1 unit): 10 eur\* number of implants\_\_\_\_\_\_\_

**Extra information about treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Ordering person:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**