

ProperGuide Implant Lab

properguideimplant.com - (510) 517-5355 – properguideimplant@gmail.com

Patient First Name

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Expected Delivery

____/____/____

Patient Last Name

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Patient Appt. Date

____/____/____

Provided by Doctor

- ☐ Full Arch Impression
- ☐ Study Models
- ☐ FMX
- ☐ _____
- ☐ Bite Registration
- ☐ CBCT
- ☐ Pano
- ☐ _____

Tooth Number

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

Specific Instruction:

Tooth extraction at time of implant?

- ☐ Yes
- ☐ No

OsstemGuide Kit? ☐ Yes

☐ Other: _____

Planned num. of anchor screws:

0 1 2 3

Planned implant system:

Planned implant type:

Planned implant size:

Office Name: _____ Dr. Name: _____

Address: _____ State: _____ Zip: _____

City: _____ Email: _____

Signature: _____ License #: _____ Phone: _____