

131 East 13065 South  
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## Pilot Compu-Guide Prescription Form

### 1) Customer Information

Patient Name/Unique Identifier: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_ Office Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

### 2) Pilot Compu-Guide Instructions

*Please use a separate prescription form for each arch*

Please indicate arch:  Mandible  Maxilla

Case Notes (Restoration Goals): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3) Prescription Form Signature

*I acknowledge responsibility for this patient's VIP dental implant position, treatment plan and surgical placement of dental implants.*

\_\_\_\_\_  
Doctor Name (Print) License Number  
\_\_\_\_\_  
Doctor Name (Signature) Date

### 4) Contents Checklist

**Please Complete Pilot Compu-Guide Contents Checklist**  
*To ensure timely return of Compu-Guide, please make sure to include:*

<input type="checkbox"/> Included CT Scan Appliance or Compu-Quick	<input type="checkbox"/> Completed Pilot Compu-Guide Prescription Form
<input type="checkbox"/> VIP Treatment Plan saved to CD or emailed	<input type="checkbox"/> Upper and Lower Diagnostic Casts (required for Compu-Quick cases)
<input type="checkbox"/> CT Scan DICOM Images (recommended)	<input type="checkbox"/> Centric Record (required for Compu-Quick cases)
<input type="checkbox"/> Expected Date of Appointment: _____	