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SCIENCE • INNOVATION • SERVICE

CT Scan Appliance Prescription Form

1) Customer Information

Doctor Name: _____

Address Line 1: _____

Phone: _____

Email: _____

Pt. Name: _____

Pt. Appointment Date: _____
(Please allow 5-7 working days)

2) CT Scan Appliance Instructions

Please use a separate prescription form for each arch

Please indicate arch: ☐ Mandible ☐ Maxilla

The following teeth are being replaced (please list teeth below and indicate in diagram)

_____

_____

Surgical Notes: _____

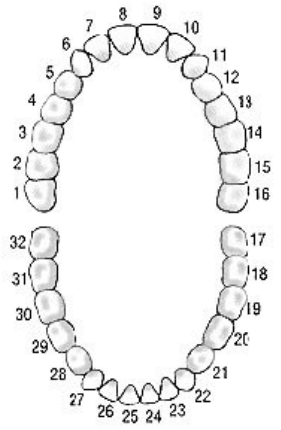
_____

_____

_____

Lab Notes: _____

_____



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 (Signature)

_____ License Number

_____ Date

4) Contents Checklist

Please Complete CT Scan Appliance Contents Checklist *To ensure timely return of CT Scan Appliance, please include:*		
Standard case:	☐ Centric record	☐ Upper and lower diagnostic casts
Partially edentulous case:	☐ An impression with the provisional in place	☐ An impression with the provisional removed
Completely edentulous case:	☐ An acrylic duplication of the denture	