

# rediGUIDE Simple Case Order Form

Complete Rx form with each case

## Section 1 – General Information

<b>Placing Dentist</b>	Name		<b>Restoring Dentist</b>	Name	
	Address			Address	
	City, St, Zip			City, St, Zip	
	Phone			Phone	
	Email			Email	
<b>Patient Name:</b>			<b>Split Fee Document by Surgeon and Restorative Doctor?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Surgery Date:</b>					
<b>Deliver Guide To:</b>					

Charge Scan Appliance to:

Charge Guide to:

Charge Planning to:

## Section 2 – Service

### No Scan Appliance Technique

### Scan Appliance

Fabricate a scan appliance using the enclosed model ☐ Yes ☐ No

Type of Software ☐ 3Shape Implant Studio ☐ coDiagnostiX ☐ RealGUIDE ☐ Zimmer (only) ☐ Simplant ☐ BlueskyBio ☐ No Preference

Type of Restoration ☐ Crown ☐ Bridge ☐ Locator ☐ Overdenture with Bar ☐ Hybrid Denture ☐ Other \_\_\_\_\_

Implant Brand/Type \_\_\_\_\_

Guided kit \_\_\_\_\_ Pilot diameter \_\_\_\_\_

☐ I am using my standard surgical kit and need:

☐ Pilot drill diameter only \_\_\_\_\_

☐ Multiple drill/guide diameters \_\_\_\_\_

☐ Schedule Live Meeting ☐ Request Video Review (up to two implants)

Please circle or checkmark  
implant positions:



Instructions:

Doctor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_