To begin creating a **DDNGUIDE**

CBCT | PATIENT IMPRESSIONS | **DDNGUIDE** ORDER FORM

PROSTHESIS LIST PATIENT: ○ Yes ○ No

SURGERY DATE: _____
(Please allow 10 working days)

After assessing the information, we will contact you for planning purposes. Fabrication of a **DDNGUIDE** will only begin once we have final email approval.

Clinician Name			
Surgery Name			
Street Address			
Suburb		State	Postcode
Telephone			
Email Address			
Patient Name / Case ID			
Date of Birth			

CASE REQUIREMENTS
Together with this form, I have submitted

☐ **PATIENT IMPRESSIONS**
  ○ PVS Impressions
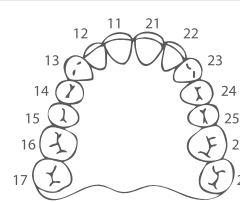 ○ Digital Scan

☐ **CBCT**
  ○ Files uploaded via email, WeTransfer or Dropbox
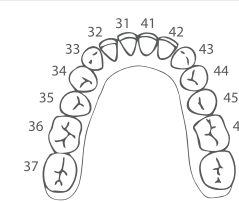 ○ Physical CD
  ○ Radiology Direct

☐ **CASEXCHANGE:**
  Case files & planning pre loaded into Codiagnostix

DDN GUIDE required for

Maxilla ☐   Mandible ☐

Please provide implant: site, system, diameter and length for each required placement
This info is crucial.

Site					
System					
Diameter					
Length					

Teeth to be exo and additional info: _____

_____

_____

Terms & Conditions
The Clinician, by signing below, understands, acknowledges and agrees to all the "Terms & Conditions" and requests that a Surgical Template be manufactured by **DDN** in accordance with his or her approved **DDNguide** System preoperative surgical plan.

Terms and Conditions Agreement can be found on at www.digitaldentalnetwork.com.au

DDNGUIDE Surgical Template | Signature: (Required) _____ Date: _____

OFFICE USE ONLY | Client ID _____ | CT: ☐ | Imps: ☐