

Full Arch Guided Surgical Script



1350 N Interstate Drive, Norman OK 73072
405-217-2282 www.xdentallab.com

Date: ____ / ____ / ____

Office: _____

Doctor: _____ Email Address: _____

Ship Case to Address: _____ Phone: _____

Case Manager: _____ Email: _____ Phone: _____

Patient: _____ Sex: M F Age: _____

Current State: Existing Teeth Edentulous Wearing Denture Edentulous Without Denture

Model Submission: Traditional Impression Digital Impression (Scanner _____)

Restorative / Referring Doctor: _____ Surgical Date: _____

Treatment: Upper Lower Desired # of Implants: _____

Type of Implants: _____ Guided Surgical Kit to be used: _____

Existing Implants: Yes No Brand & Type: _____

Will they be used: Yes No

Open Bite?: Yes No

Will the aesthetics be modified? Yes No

Midline: Maintain Shift _____

Incisal Edge: Maintain Up _____ Down _____

Lip Support: Maintain Palatal In _____ Vestibular Out _____

Central Teeth Shape and Size: _____ X _____

Shade: _____ Gingiva Shade: Light-Pink Dark-Pink

Grafting: Yes No Sinus Grafting: Yes No Immediate Placement: Yes No Immediate Load: Yes No

Provisional Denture: Backup Duplicate Denture

Prosthetic: Zirconia Crystal Ultra Protective Night Guard: Upper Lower

SPECIAL INSTRUCTIONS