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**Placing Dentist:** \_\_\_\_\_  
Address \_\_\_\_\_  
City, St. Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Acct # \_\_\_\_\_  
Email address \_\_\_\_\_

**Restoring Dentist:** \_\_\_\_\_  
Address \_\_\_\_\_  
City, St. Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Acct # \_\_\_\_\_  
Email address \_\_\_\_\_  
Scan Site /Phone \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_  
Age \_\_\_\_\_ Female  Male   
**Deliver by 5 p.m. on** \_\_\_\_\_  
**Review Time:** \_\_\_\_\_

**Enclosed with case:** Impressions  Models  Bite  Photos  Other: \_\_\_\_\_

**Surgical Guide (Complete)**

- Bone Guide
- Tissue Guide
- Teeth Guide
- Stackable Guide
- Surgical Guide (Only Planning)

**Immediate Temporary Restoration**

- CAM/CAD PMMA Temp
- Custom Healing Cap
- Immediate Denture
- Immediate PMMA Bridge

**Chairside Assistance**

- Yes
- No

**Type of Final Restoration**

- Crown
- Hybrid
- Locator
- Other \_\_\_\_\_
- Bridge
- Overdenture w/Bar

Will the procedure involve the immediate extraction of teeth at the time of implant placement?

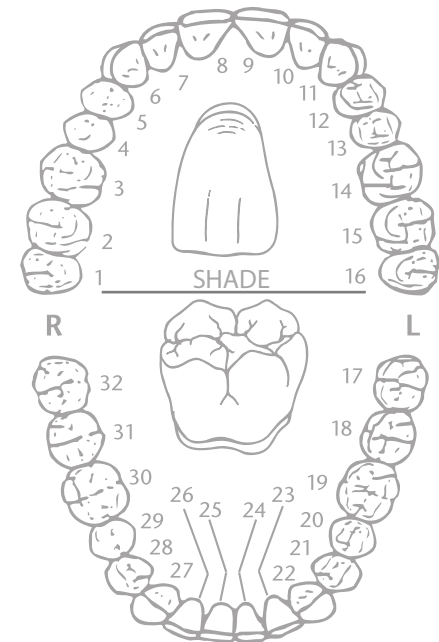
- Yes
- No

**Preferred Implant System** \_\_\_\_\_

The Surgical Guide, Surgical Report and Drilling Protocol are to be used by qualified dental professionals only. Customer shall not make any modification, alteration or addition to the Surgical Guide.

Customer agrees to control the conformity of any delivered Surgical Guide before using it. Should the Customer fail to perform such control or decide to use a non-conformable Surgical Guide, the Customer frees the Company from any liability whatsoever.

**Additional Notes**



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