# A&B DENTAL
### LABORATORY

## SURGICAL GUIDE ORDER FORM -
**\*\* PLEASE ALLOW 5 WORKING DAYS FROM ARRIVAL IN LAB \*\***

Please Email Digital Images To :
reception@anbdentalab.com

Please Email Scans To :
digital@anbdentalab.com

Our Online Portal Is Now Available :
https://anbdentalab.labstar.com

**PATIENT:**                                          **PRACTICE:**                                          **CLINIC PHONE #**

**DATE REQUIRED BY:**          /          /          **DENTIST:**

**APPOINTMENT TIME:**          :          AM / PM          **CASE QUESTIONS EMAIL:**

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**CHECK LIST - PLEASE PROVIDE THE FOLLOWING:**

1. **CBCT Scan in a DICOM File:**          ☐  **Yes**

2. **Physical or Digital Impressions:**          ☐  **Yes**

3. **Please List Any Other Items Enclosed:**

**You MUST have a Guided Surgery Kit**
**Please tick the type of surgical guide you want:**

☐  Fully Guided          ☐  Pilot Guided

If teeth are being extracted prior to surgery please list them:

| TOOTH NUMBER | IMPLANT SYSTEM | IMPLANT PLATFORM | DIAMETER | LENGTH |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**Instructions :**

## Terms & Conditions Regarding The Surgical Guide:

The Clinician understands and acknowledges that A&B Dental Laboratory is the designer, fabricator and supplier of the Surgical guide requested in this order form. The circumstance in which this product is requested and used are only under the control of the Clinician, and the Clinician assumes his or her responsibility for the case planning and outcome.

The Clinician must verify if the surgical plan corresponds to his or her preoperatively designed surgical plan prior to surgery. The surgical plan represents a suggestion for treatment. The Clinician is solely responsible for the actual surgery performed, regardless of the virtual planning. Any adjustments in the surgical plan in the event of a variance between the clinical situation and the virtual planning is at the sole discretion of the Clinician.

These terms and conditions are to be read together with A&B Dental Laboratory Account Terms and Conditions which are located on the back of this lab order form and governed by the laws of the state of Victoria.

The Clinician, by signing below, understands, acknowledges and agrees to all the "Terms & Conditions" and requests that a Surgical Guide be manufactured by A&B Dental Laboratory in accordance with his or her approved Surgical Guide preoperative surgical plan.

Signature (Required):                          Date: