

SURGICAL RX FORM

To send scans go to www.perryandyoung.com and upload file.
Please print or email this rx to the lab.

RESTORATIVE DENTIST _____ DATE _____

SURGEON _____ PATIENT _____

DUE DATE _____ DELIVER TO _____

EMAIL FOR CONFIRMATION _____

Make sure to include:

- CBCT/DICOM File
- Models OR Impressions OR STL Scan
- Bite

TYPE

- Pilot Drill Stent
- Fully Guided Stent

System:	Implant Type:	Tooth Position(s):
<input type="checkbox"/> Straumann		
<input type="checkbox"/> Nobel Biocare		
<input type="checkbox"/> Zimmer Biomet		
<input type="checkbox"/> Biohorizons		
<input type="checkbox"/> Dentsply		
<input type="checkbox"/> Other:		

DESIGN NOTES

Signature _____

License Number _____