

RX SURGICAL GUIDES & RECONSTRUCTION



PRIME DENTAL LAB INC

311 West Point Cir, Algonquin, IL 60102

<https://primelabinc.com> • +1(888)455-5507 • prime@primelabinc.com

We kindly ask that you complete this form carefully.
Accurate and legible details support smooth case handling. Thank you.
Please mark all applicable selections. Multiple options may be selected within a single section if clinically relevant.

GENERAL INFORMATION

Practice Name _____
Practice Phone _____
Doctor Name _____
Doctor Phone _____
Practice Address _____
City _____ State _____ ZIP _____
Patient Name _____
Patient Phone _____
Date _____ Estimated Case Delivery Date _____

Please include the following with your case submission:

CASE SCAN FILES CHECKLIST

- CBCT scan (DICOM format)
- STL files of both arches
- Bite scan
- Prosthesis (existing provisional, if available)
- Clinical Photos (must include: front face with wide natural smile, close-up in occlusion, and left/right side views)

SCANNING REQUIREMENTS:

- For dentate patients: acquire CBCT with the patient biting on cotton rolls in an open bite position.
- For fully edentulous patients using a denture: confirm proper fit of the denture and ensure no soft liner is present.
- Attach at least 4 radiopaque scan markers to the denture in random positions.
- Dual-scan protocol (please ensure it is followed as below)
 1. Please label STL files clearly with patient name and arch
 2. First scan with the denture placed intraorally
 3. Second scan of the denture alone positioned on cotton rolls or blocks

IMPLANT DETAILS

Implant Brand: _____
System: _____
Platform: _____

Connection Type

Internal Hex External Hex
 Conical Tri-Lobe Other _____
Diameter _____ mm Length _____ mm
Known implant lot / serial number (if predetermined): _____

SURGICAL GUIDES PLANNING OPTIONS

Please select the target arch, type of guide, and required components below

- Maxilla (Upper)
 Mandible (Lower)
 Both (Please submit separate Rx and mark Notes with: "1/2" & "2/2")

TYPE OF GUIDE:

- Single site
 Partial arch
 Full arch

SINGLE & STACKABLE SURGICAL GUIDE OPTIONS

- Surgical Guide
 metal polymer
 BaseFrame
 metal polymer
 Verification Plate for bone reduction
 MU Positioner

SURGICAL IMMEDIATE LOAD OPTIONS

- Guided PMMA Provisional (Classic)
 Wing-supported With pink tissue

Shade: _____ Total Units: _____

ADDITIONAL COMPONENTS

- Visual control windows
 Virtual Planning approval
 Rush Case Requested
 Other: _____

Note: Implant-related parts, including fixation screws or pins, are clinician-supplied or billed per case.

Number of implants: _____

Indicate implant positions (use tooth numbers): _____

TOOTH EXTRACTIONS PLANNED PROIR TO SURGERY?

Yes No

If yes, indicate tooth numbers: _____

SURGICAL KIT TO BE USED DURING SURGERY:

OPPOSING DENTITION

- Dentate
 Edentulous
 Partially edentulous
 Comments (optional): _____

TITANIUM RECONSTRUCTION MEMBRANE

- Custom-made titanium preform membrane for stabilizing graft material

Number of fixation screws: _____

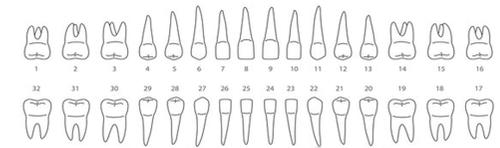
SUBPERIOSTEAL / MULTI-SEGMENT IMPLANT WITH MULTI-UNITS

- Number of multi-unit connectors:

Number of multi-unit connectors: _____

Number of fixation screws: _____

NOTES



By signing this work order, the attending doctor, identified with their professional license number below, accepts full responsibility for payment and agrees to cover any collection costs, including attorney's fees if applicable. A 3% monthly fee will apply to any unpaid balance exceeding 10 days past due. Please keep one copy for your records and return the other copy(ies) with the case.

Dr. Signature _____ License # _____