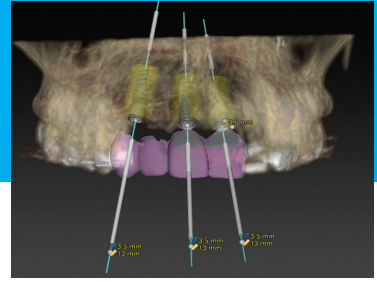


Smart Fusion®

NobelGuide - Guided Surgery



Haupt Dental Lab - Nobel Clinician/Guide Digital Workup RX

Implant Specialist: _____

Restoring Doctor: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

email: _____

email: _____

Smart Fusion Package Selection:

Bronze

Silver

Gold

Platinum

(Please refer to Smart Fusion Services Card for Details)

Patient Name:
(Last,First)

Shade of Provisional(s), if desired:

Implant Positions:
(Tooth Numbers)

Implant Type Preferred:

Surgery Date/Time:

CT DICOM Data Enclosed: Yes No
(Please send CT Data as DICOM files only, .4 Voxel Slices)
CT Data can be emailed to ryan@hauptlab.com

Intended Final Prosthesis:
(ie. Fixed/Removable, Single/Splinted, Cement/Screw Retained)

Implant Rep Name:

Would you like an estimate for the final restorative treatment plan to be completed: Yes No

Do you have Nobel Clinician CT Planning Software Installed on your PC/MAC?: Yes No

If no, would you like assistance with installing Nobel Clinician Free Viewer Software: Yes No

Would you like a copy of the 3d Planning sent to anyone else: Yes No

If yes, what email address: _____

Doctor Signature: _____ Date: _____

