



# Single Tooth Guide Rx

Please fill out the form completely  
Contact us at **1-800-216-5407** or [transcenddigitalab@gmail.com](mailto:transcenddigitalab@gmail.com) with any questions  
Please allow two weeks from case approval for delivery

## **General Info**

**Doctor Name:**

**Business Name and Billing Address:**

**Patient First Initial and Last Name:**

**Best Email:**

**Best Phone Number For the DDS:**

## **What is included in tooth-supported guided cases?**

- Treatment planning assistance provided by a DENTIST who has clinical knowledge of these procedures.
- 3D Digital Wax Up
- Quadrant model for verification of fit
- Surgical guide for drill set of choice

**Printed Guide per Arch:**

\$200

**Digital Design Only:**

\$100

## **\*\*\*DISCLAIMER\*\*\***

These are complex procedures and the treating doctor must fully understand how to perform and manage any and all aspects of the treatment, including complications. Transcend Digital Dental Lab does not warrant, guarantee, or assume responsibility for the accuracy of your surgery or the final clinical outcome. We exist as a resource for treatment planning assistance, guide design, and fabrication and, we are happy to review any and all aspects of the case for your benefit. However, YOU as the treating doctor are the one responsible for the clinical results.

Please sign here that you have read, understood, and agreed to the disclaimer above:

Printed name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Case Information**

**Implant System:**

**Surgical Kit:**

**Tooth Number (Universal Numbering System Please):**

**Can we plan with Vertical Sinus Lifts(bumps, tents)?** Yes No

**Metal sleeves for guide? (\$20 per sleeve)** Yes No

Metal sleeves not recommended when using a fully-guided kit or a keyed guided system.  
Metal Sleeves recommended if any cutting portion of the drill will come in contact with the guide.

**Immediate Load Case?** Yes No

**Shade:** B1 A2 A3

**Permission to Document and Share case as Lecture Content?** Yes No  
(We will maintain HIPAA compliance and hide pt. identity)

**Checklist of Data to Send**

- CBCT of desired implant location with opposing arch
- **Upper and lower STL models** in occlusion (digital models)  
OR
- Stone models and a bite (raw data)
  
- Pictures for all patients:
  - Full face at repose
  - Full face with highest smile
  - Full face with retractors in place
  - Full face from a lateral view
  
- **\*\*\*Please ensure all digital models are in proper occlusion**  
OR
- Physical models/impressions come with bite registration

**Notes Regarding Case:**

Please upload digital data to **BioBigBox.com** via email **transcenddigitallab@gmail.com**

Any physical models can be sent to:

Transcend Digital Dental Lab  
4949 Century Street NW  
Huntsville, AL 35816