



Guided Surgery RX and Information Form

Your name and practice: _____

Patients Name and Age: _____

Date and Time of Surgery: _____

How many Implants to be placed: _____ Tooth Position(s) of Implant(s): _____
Preferred Implant System:

Teeth Numbers being restored in final Prosthetic: _____

Removable _____ Fixed _____ Bridge _____ Screw retained _____

Contact Information for General Dentist(if applicable):

Additional Notes: please include information not limited to grafting, sinus lifts, and or alveoplasty