

## Surgical Rx

Rx Date: \_\_\_\_\_ Surgery Date: \_\_\_\_\_ Surgery Time: \_\_\_\_\_

*Note: do not schedule surgery ≤ 2 weeks from submission of digital files.*

Oral Surgeon: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Restorative Doctor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Arches to be treated:            Upper             Lower             Both

Implant Manufacturer: \_\_\_\_\_ Platform: \_\_\_\_\_

Proposed # of implants placed: \_\_\_\_\_ (This information required for scanbody kit)



### RECORDS TO BE PROVIDED WITH INITIAL ORDER:

#### DENTATE:

- Intraoral Scan of upper arch with **full palate**, capturing as much of the vestibule as possible
- Lower arch with tissue, capturing as much of the vestibule as possible
- **Bite at established VDO**

**Failure to provide a scan at correct VDO may result in an inaccurate prosthesis\***

#### EDENTULOUS:

If utilizing the patient's existing denture(s) as a record for VDO, it is imperative the denture(s) fit properly. If the denture fits improperly, it must be relined prior to capturing the following records:

- Intraoral scan of patient wearing denture(s), upper, lower and bite
- 360° scan of each denture out of the mouth
- Edentulous scan of each arch being treated;

#### PHOTOS:

- Full face with full smile
- Lips in repose
- Lips retracted
- 3D facial scan, if available.

### RECORDS FOR DAY OF SURGERY:

**PRIOR TO SURGERY:** intraoral scan with fiducial markers (minimum 3, triangulated position)

**POST SURGERY:** intraoral scan with scan bodies (provided by Techsource Dental); IOS with fiducials, post suture.

- **Incomplete submission of records may result in delay of surgery**
- **Mockup must be approved by the prescribing doctor prior to surgery**
- **IOS sent through IOS portal; all other records sent to support@techsourcedental.com**

Doctor Signature \_\_\_\_\_ License number \_\_\_\_\_