

Must provide ALL information – PRINT

CHROME GuidedSMILE

Please check boxes for ALL services or products being requested. We may call you to discuss before proceeding.

SURGICAL ARCH SELECTION

- Maxilla Mandible

This request is for (check all that apply)

- COMPLETE CHROME GuidedSMILE PACKAGE, per arch.**
Includes Surgical Provisional Prosthesis & Final **Zirconia** Prosthesis. Chairside assistance not included.
- COMPLETE CHROME GuidedSMILE PACKAGE, per arch.**
Includes Surgical Provisional Prosthesis & Final **Acrylic** Prosthesis. Chairside assistance not included.
- CHROME GuidedSMILE chairside assistance, per arch**

Does not include additional parts & pieces that may be needed on your individual case. If needed, they will be at an additional charge.

RECORDS (Check all that apply)

IMPRESSIONS

- Digital Impression System
(indicate brand of digital impression system used)

- Polyvinyl impression
- Difficult bite
 - Bite block used
 - Polyvinyl registration

VDO

- Open VDO (mm) _____ Close VDO (mm) _____

SMILE

- Ideal smile OR Duplicate current smile
- Clinical photos included
(required – see back for description of photos needed)

FINAL TOOTH SHADE _____

Add-On Items

- iJIG, per arch
- 1 Drill, 4 pins, per arch
- Back-up denture, per arch
- Stellar Easy conversion kit, per arch

For any items not listed, please call us to discuss availability & pricing.

Additional notes

Placing Doctor's Name

Address

City State Zip

Patient Name Age M / F

Today's Date

Doctor's Signature

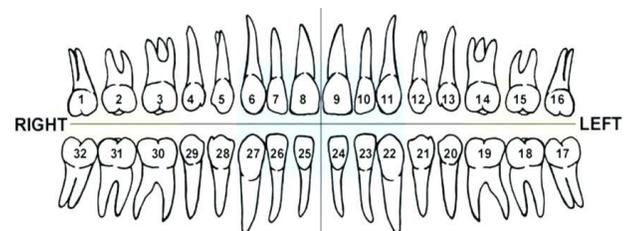
License number / State issued by

*Surgery date **WILL NOT** be confirmed until surgical plan has been reviewed and approved by the doctor in on-line meeting. Minimum of 5 lab days to prep for on-line meeting once all records are received; minimum of 12 lab days post on-line meeting for case delivery

Please list the tooth numbers where implants will be placed, implant manufacturer, type & diameter. (i.e., Nobel Active RP 4.3 or Astra Tech EV 4.8, etc.).

Tooth Number	Implant Manufacturer	Type & Diameter

Please mark missing teeth / teeth to be extracted with an "X" on the tooth chart below.



CHROME GuidedSMILE Work-Up Protocol

Step 1:

1. Complete the Helm Dental Laboratory *Chrome GuidedSmile Rx* to provide Helm Dental Laboratory with complete case information. Send with case materials listed in #2 below and keep a copy for your files.
2. Send master casts, bite registration (CO and/or CR), and/or digital impressions, study casts with copy of Rx to Helm Dental Laboratory at address below or call to schedule pickup (local area only).
3. Upload DICOM / Photograph (*full face, full natural smile and in occlusion – see example below*) as 'Documents' through "Upload" link on Helm Dental Laboratory secure website, www.helmdentallaboratory.com (upper right corner) or email to info@helmdentallaboratory.com. Be sure to include case identification information with uploaded or emailed files.
4. Send the following documents to Helm Dental Laboratory:
 - Required with every case** - GuidedSMILE RX
 - Required with first case** - MSGA, Master Surgical Guide Agreement
 - Optional** - Include information in *Esthetic & Functional Checklist (to right)* if tooth arrangement is changing significantly, or a new denture set-up is needed. **Required for all immediate load cases.**

Step 2:

Participate in on-line meeting with Helm for implant and guide planning. We will call you to schedule the on-line meeting after the lab receives all case materials and they are prepped. Allow a minimum of 5 days in the lab for this step.

Step 3:

Return the signed *TPA Treatment Plan Report* sent to you following your on-line meeting via fax, email, or upload through our website (*see step 2 above*). **Surgical date will NOT be confirmed until TPA has been reviewed and approved by doctor and returned to lab.**

Step 4:

Receive the *GSI Surgical Information Form* via email to order parts and review surgery.

Step 5:

Receive Chrome Guides. (Allow **12 days** after the lab receives the signed TPA Treatment Plan Report in Step 3.)

Required Patient Photos



Retracted, facial and sides in occlusion

Full face, natural smile

CT Scan

Max Arch

- CT Scan Max Arch
- CT Scan Max Appliance

Mand Arch

- CT Scan Mand Arch
- CT Scan Mand Appliance

Important notes about CT Scans

Dentate patient: Always keep patient open and biting on cotton rolls.
Many Metal Restorations: Make a scan appliance. Scan patient wearing the scan appliance and scan the appliance alone.
Dentures: Ensure denture fits very well. If not make hard relines and put 1mm Gutta Percha markers randomly in denture and take scan of patient wearing denture in occlusion, and then denture alone (call for more instructions).

Esthetic and Functional Checklist for Dentures

THIS INFORMATION MUST BE PROVIDED FOR ALL IMMEDIATE LOAD CASES

Check boxes or circle choices to indicate your answers. Please answer all questions.

1. HORIZONTAL PLANE*

- Level with lips
- Canted in relationship to lower lip
 - Keep horizontal plane the same
 - Change horizontal plane _____ degrees
- No change

2. ANTERIOR TOOTH DISPLAY – UPPER / LOWER (circle one)

- Shows too much, shorten by _____ mm
- Does not show enough, lengthen by _____ mm
- No change

3. MIDLINE

- Midline is good at incisal edge
- Move midline to LEFT / RIGHT (circle one) _____ mm
- Move vertical angle of midline to LEFT / RIGHT (circle one) _____ mm
- No change

4. INCISAL EDGE POSITION IN ANTERIOR / POSTERIOR AND PHONETIC POSITION

- Keep the same / no change
- Move incisal edge to LINGUAL / LABIAL (circle one) _____ mm

5. TOOTH SIZE AND SHAPE

- Match existing teeth / study model
- Change tooth mould:
 - SMALLER / LARGER / WIDER / NARROWER (circle one)
 - DESCRIBE _____

6. TOOTH SHADE _____

7. VERTICAL DIMENSION

- Keep vertical dimension same / no change
- OPEN / CLOSE (circle one) vertical dimension _____ mm

8. DIASTEMA

- No diastemas
- Diastemas between teeth # (list) _____
- Diastema size _____ mm

9. PLANE OF OCCLUSION

- Follow bite rim
- Maintain existing plane of occlusion
- Change HEIGHT / ANGLE (circle one) of plane of occlusion by doing the following: _____
- No change

10. OPPOSING ARCH

- Opposing arch to be restored? YES / NO (circle one)
- Set teeth to existing opposing plane of occlusion
- Where possible, set teeth to idealized plane against the opposing arch in preparation for new restorations

11. BASIC FACE FORM

- Square
- Square tapered
- Tapering
- Ovoid