

Helm Guided Solutions

Surgical Guide & Planning Prescription Form

Please print ALL information

Helm Dental Laboratory

2801 Capital Street

Wylie, TX 75098

972-442-9772

www.HelmDentalLaboratory.com

info@HelmDentalLaboratory.com

Services & Products

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

Guide & Planning request for (check all that apply):

Maxilla Mandible X-Nav X-Guide Navigation

Online Virtual Treatment Planning Consultation

Includes

- DICOM conversion and segmentation
- Digitize models and merge to DICOM
- Initial treatment plan for review
- Online meeting to finalize treatment plan

Surgical Guides: flat fee per individual guide, includes sleeves. Bone Reduction Package with 3 guides as listed below excluded.

Guide Type: Stacked Individual

Pilot Guide

Tooth Supported Guide, partially edentulous

Tissue Supported Guide with pins, fully edentulous

Bone Supported Guide with pins, fully flapped, fully edentulous

Bone Reduction Package: Fixation Pin Guide, Bone Reduction Guide and Drill Guide

Diagnostic Wax-ups, per tooth

Lab scans models to create diagnostic wax-up. You may also provide your own diagnostic wax-ups. Lab will determine if needed.

Provisional Restorations

Multiple provisional options available based on your preferences. Please call us at (972) 442-9772 to discuss your options and associated costs.

X-Nav Dynamic 3D Navigation for Implant Surgery

X-Nav X-Guide 3D Guided Surgery System

Includes staff training on system (mandatory) plus use of system per day. Must be scheduled in advance with technician.

X-Guide Marker, per arch

Additional Services, per patient

CBCT (multiple locations available)

Radiology interpretation by board certified OMS

Doctor's name

Address

City State Zip

Phone Doctor's e-mail

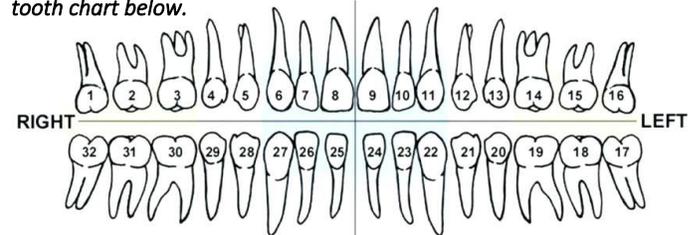
Patient name Age Male/Female

Today's date Surgery date

Please list the tooth numbers where implants will be placed, preferred Implant manufacturer, type & diameter, and length (i.e. Straumann Bone Level RC, Nobel Active RP 4.3, Astra Tech EV 4.8, etc.). Use 2nd form if more than 6 implants are to be placed.

| Tooth Number | Implant Manufacturer | Type & Diameter | Length |
|--------------|----------------------|------------------|--------|
| Ex: 12 | Dentsply Sirona | AstraTech EV 4.2 | 12mm |
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Please mark missing teeth / teeth to be extracted with an "X" on tooth chart below.



INSTRUCTIONS

- Please complete this prescription form and send to lab with your presurgical impressions, and models or intraoral scans.
- Upload intraoral scans to Helm through your intraoral scanner portal.
- Upload CBCT scans thru the "Upload" link on the Helm Dental Laboratory website, www.HelmDentalLaboratory.com.
- Please keep a copy of this prescription for your files.
- Doctor must sign off on all guided surgery designs before guide is produced and is solely responsible for outcomes.

DISCLAIMER: Please complete this form carefully. Helm Guided Solutions and Helm Dental Laboratory will not be held responsible for errors made by the dental office when ordering a surgical guide. Helm Guided Solutions through Helm Dental Laboratory provides technical services only at the request of a licensed dental practitioner. Neither Helm Guided Solutions nor Helm Dental Laboratory is responsible for the surgical placement of implants, interpretation of data and treatment outcome for the patient. Neither shall have any liability or other responsibility for the patient's treatment arising from the use of surgical guides requested on this form.

Doctor's signature

License number / State issued by