



5725 Jacksboro Hwy  
Fort Worth, TX  
76114

# Surgical Planning & Guide RX

## DENTIST & PATIENT INFORMATION

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Placing Dr. \_\_\_\_\_ License # \_\_\_\_\_

Practice Name \_\_\_\_\_

Dr. Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### DELIVER CASE TO OFFICE

Restoring Dr. \_\_\_\_\_ License # \_\_\_\_\_

Same as placing Dr  Include in required meeting

Dr. Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## SURGICAL INFORMATION

Surgical Planning  Surgical Guide

Arch  Maxillary  Mandible  Both

Implant Position (Maxillary) \_\_\_\_\_ (Mandibular) \_\_\_\_\_

Implant Brand \_\_\_\_\_ Implant Line \_\_\_\_\_

Fully Guided Kit \_\_\_\_\_

Bone Reduction  Yes  No

## RECORDS

DICOM File (CBCT, X-Ray, Facial Scan)

Digital Impression or  PVS Impression

Open VDO \_\_\_\_\_ mm  Close VDO \_\_\_\_\_ mm

See Instructions  Duplication of Current Smile

Clinical Photos (Must include full face with full smile, and close up in occlusion)

Always scan dentate patients with open biting on cotton rolls. If Denture Patient, always ensure denture is fitting well and no soft liner is present. Place a minimum of 6 scan markers on denture randomly. Dual scan: 1st scan - Patient wearing denture, 2nd scan - Denture alone on cotton rolls or packing foam.

## ADDITIONAL PRODUCTS

Backup Denture (\$275)

PMMA Temporary (Printed in A1)

Flipper

PMMA Temp Duplicate (\$750)

Fixation Kit (Drills & Pins)

Add Pink to Temp (\$100)

## Additional Communication

### Communication

Call me to discuss prosthetic options

Email Design Approval

I Sent Photos to [hopetown.allonx@gmail.com](mailto:hopetown.allonx@gmail.com)

Schedule Webex Meeting (Required For All Surgical Planning)

Date & Time Requested for Webex \_\_\_\_\_

Email Address for Webex Meeting \_\_\_\_\_

Bill All On X To:  Placing Dr.  Restoring Dr.

Signature \_\_\_\_\_

License # \_\_\_\_\_

By signing this prescription, I acknowledge all above information is accurate. I agree to pay Hopetown Dental Lab by the 30th of the following month for all services rendered.

Phone: 817-887-9394

Email: [hopetown.allonx@gmail.com](mailto:hopetown.allonx@gmail.com)

[www.hopetowndentallab.com](http://www.hopetowndentallab.com)

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