DENTAL IMPLANT SURGICAL SEMINAR

718-956-7800
drtermechi@gmail.cm

Patient_____ **Date of Scan** _____

Dentist Information:

Name:_____
E-mail: _____
Address: _____
Phone: _____
Date: _____

Area of Interest

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 | 25 24 23 22 21 20 19 18 17

Scan

☐ Maxilla (full maxilla and sinus)	☐ Basic 2mm guide	**$350**
☐ Mandible	☐ Fully keyless guide	**$350**
☐ Scan denture (scan with appliance)	☐ Bone reduction guide	**$550**
☐ Pins in guide	☐ Tissue born guide	**$350**
☐ Scan delivery	☐ Treatment plan	**$99**

Note: _____

Implant System

Implant company name: _____
Implant System used: _____

If not fully keyless pleas provide in (mm) the cutting edge of the bur and the shank to the Head of the handpiece: _____

Scan delivery:

☐ DICOM ☐ Blue Sky Bio ☐ STL File ☐ DICOM of full denture

Enclosed _____