



Treatment Planning and Consultation Services Order Form

Patient Name: _____ Order Date: _____

Implant Surgeon: _____ Best Time to Call: _____

Office Phone: _____ Cell Phone: _____

Email: _____

Treatment Planning Software: NobelGuide® Simplant® Implant Logic® Version: _____

Treatment Planning Service:	Number of Implants	Number of Additional Consultation Minutes	TOTAL
First implant: \$145, each additional implant \$95 Includes 15 minutes of consultation time Additional consultation time: \$150/15 minutes			\$

Planning Service Total	\$
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Payment Information

Credit Card

American Express – Security Code: _____ (4 digit code on front of card)

Mastercard – Security Code: _____ (3 digit code on back of card)

VISA – Security Code: _____ (3 digit code on back of card)

Name on Card: _____

Credit Card #: _____ Expiration Date: _____

Check Check #: _____

Authorization:

Name (Print): _____

Signature: _____ Date: _____

Disclaimer: Surgeon understands and agrees that he must use his own independent professional judgment based on factors and information other than the ordered services when treating the patient and that neither the professional consultants who completed the ordered services ("Consultant"), nor Facial Imaging, LLC makes any warranty regarding the services. Surgeon bears the risk of liability arising out of his use of or reliance on the ordered services and will indemnify and hold harmless Consultant and Facial Imaging, LLC from and against any and all liabilities, costs, damages, expenses and attorney fees attributable to any and all acts or omissions of Surgeon.



Treatment Planning and Consultation Questionnaire

The purpose of our Treatment Planning Service is to analyze your patient's CT scan data and the doctor's treatment plan to create a treatment plan utilizing your treatment planning software. A surgical/prosthetic blueprint of the patient's treatment will be created.

Date: _____ Surgery Date: _____ Patient's Name: _____

Implant Surgeon: _____ Best Time to Call: _____

Office Phone: _____ Cell Phone: _____ Email: _____

Restorative Doctor: _____ Office Phone: _____

Which Treatment Planning Software Do You Use: NobelGuide® Simplant® Implant Logic®

Arch to Receive Treatment: Mandible Maxilla Both

RESTORATIVE TREATMENT PLAN:

SCREW RETAINED / DESIRED STYLE OF RESTORATIONS:

One Piece UCLA Separate abutment from crown
Angled abutments acceptable? YES NO

CEMENTABLE / DESIRED STYLE OF ABUTMENTS:

Angled abutments acceptable? YES NO

PROSTHETIC CONSIDERATIONS:

Units to be Splinted YES NO If yes, list splinted segments

Are interlocks to be placed? YES NO If yes, where?

Individual restorations? YES NO List units

Additional Comments: _____

SURGICAL TREATMENT PLAN:

SURGICAL CONSIDERATIONS:

Tooth or teeth position to be restored: _____

Number of implants to be placed: _____

Brand of implant to be placed (Company, Platform, Shape): _____

Minimum dimension on implants that can be placed: _____

Desired spacing of implants: _____

Surgical procedures planned that will alter the treatment plan (ie: Sinus Lift, Bone Graft, Ridge Splitting, etc...). Please explain: _____

Additional Comments: _____