



**Patient Name:** ..... **Ref:** ..... **Implant Placement Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Dentist Name:** .....  
**Practice Name & Address:** ..... **Postcode:** .....  
**Contact No:** ..... **Email Address:** .....

**CT sent via** ..... **DICOM FILE ONLY**

**CT Scan taken internally** YES  NO  if no, please specify where the CT was taken below:

**CT Site Name:** ..... **Postcode:** ..... **Contact No:** .....

**Enclosed:**

Upper Impression  Lower Impression  Impression Box  Bite Registration  IntraOralScan File (STL)

**Implant Guide** 3D Print Only  Design & 3D Print  Implant Planning, Design & 3D Print

**Type of Guide Required** Simple Guide  SMOP/Standard Guide  2ingis Guide  Other

**Implant System** .....

**Implant Planning** BlueSkyPlan  SMOP  2ingis

**Drilling Sleeves** .....

**Guide Support** Tooth only  Tooth and soft tissue  Tooth and bone  Bone only

