

Smart Guide - Order form

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Https://Digitalcenter.labstar.com

CLIENT INFORMATION

Name/Office

Tel:

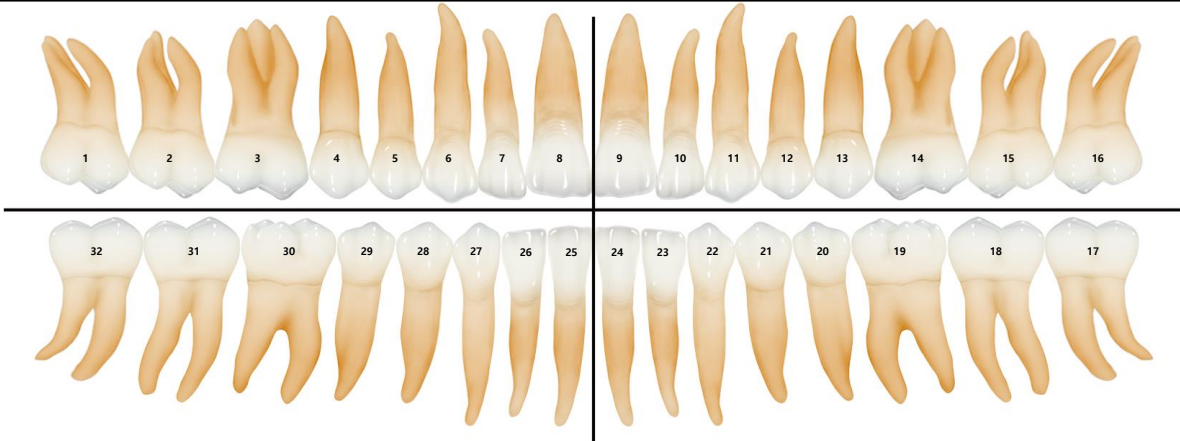
Delivery Address

E-mail:

Patient Information :

Account #

Implant Site (Please circle the tooth number to select)



ENCLOSED ITEMS LIST

Required

VPS Impression/Stone Model Full Arch (Include Opposite) Bite Registration Full Arch

CBCT Data Secure the proper size of FOV

When you order Radiographic Guide at first, please send us only VPS Impressions to make model.

Order Prothetics

Order Temporary Crown with Abutment SMARTFIT Abutment Transfer Abutment

Tooth Number for Temporary Crown Upper # Shade :

SPECIAL INSTRUCTIONS

Factor Preference | Medical Status | Soft-Tissue Anatomy | Bone Anatomy of Alveolar crest | Bone Density | Loading | Vertical Dimension | Etc.

Remarks