

REAL GUIDE CHECKLIST

Dr. Name: _____

Dr. Email: _____

Patient Name: _____

Have you used Real Guide before? If no, include in email a date/time that one of our techs can Teamviewer with a staff member to set up the Real Guide app.

Implant system type: _____

- Posterior clearance may vary per implant system. Refer to placement kit for details.

How many implants? _____

Implant placement location: _____

Teeth needing to be removed? Teeth numbers _____

Do you want the same sockets used Yes No

What type of guide needed? (Check one) Tooth Tissue Bone Borne

Do you need healing caps? (Check one) Stock Custom

Scans Needed:

- CT Scan
- Tissue Scan – Intraoral scanner needed.

- If no intraoral scanner available, impression can be taken

Sinus Lifts required? (Check one) Yes No

Stabilizer Pins required? (Check one) Yes No

Email scans to: digitalfiles@uniteddentallabs.com

Questions? Please contact Bryan or Becky at 1.800.367.0970 or email digitalfiles@uniteddentallabs.com