Dorsey Dental Lab, Inc. Versah C-Guide™ Rx

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Today's Date____

Dr.'s Name_______________________________________
Dr.'s License #_____________________________________
Address____
____
Phone____
email____
Dr.'s Fax____
Patient's Name_____________________________________
Tooth #'s____

Proposed Final Restoration:
Crown and Bridge
______screw-retained ______cement retained
Denture
______Fixed ______Removable ___Overdenture _
Due Date for Surgical Pre-Planning
Review__________________________________
Anticipated Date of the
Surgery__________________________________

Implant Manufacturer	Implant Type
Surgery______________bone supported	______________tissue supported
____________flapless	______________flapped
Notes:	Implant CoOrdinator:_____________________ Dr's Signature_____________________