CT Scan Appliance Prescription

Virtual Implant Placement (VIP) Software

Please reference VIP CT Scanning Protocol and approved Partner Laboratories which are available online at www.biohorizons.com.

1) Contact Information

Clinician Name: _____ Phone: _____

Office Contact: _____ Email: _____

Address: _____ Fax: _____

City/ State/ Zip: _____ Patient Identifier: _____

Partner Laboratory used to fabricate CT Scan Appliance: _____ Patient Appointment Date: _____

2) CT Scan Appliance Instructions (Complete a separate prescription for each arch)

Please indicate arch: ☐ Mandible ☐ Maxilla

The following teeth are being replaced: _____

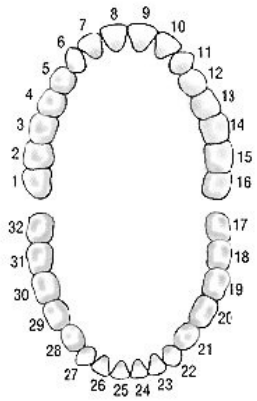
_____

Case Notes: _____

_____

Lab Notes: _____

_____



Indicate implant locations by selecting tooth number

3) Prescription Signature

I acknowledge responsibility for this patient's VIP dental implant position, treatment plan and surgical placement of dental implants.

_____ _____ _____

Clinician Name (Signature) | Dental License Number | Date

4) Contents Checklist

Please Complete CT Scan Appliance Contents Checklist *To ensure timely return of CT Scan Appliance, please include:*		
Standard case:	☐ Centric record	☐ Upper and lower diagnostic casts
Partially edentulous case:	☐ Impression with the provisional in place	☐ Impression with the provisional removed
Completely edentulous case:	☐ Acrylic duplication of the denture	
CT Scan Appliance:	☐ Ship to BioHorizons Partner Laboratory (refer to www.biohorizons.com for shipping address of Compu-Quick scan appliances)	

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