



43075 North Ridge Rd.
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Implant Stent Lab Script

Surgeon/Periodontist _____ Phone _____

Restorative Doctor _____ Phone _____

Patient _____

Delivery Date _____ Location _____

Please do not count pick-up and delivery days when scheduling cases.

Please enclose quality diagnostic model.

CT Guided Surgery

coDiagnostiX: Scan Template Surgical Guide

Implant system: Straumann Zimmer 3i _____

Tooth Replaced: #(s) _____

Procedures Planned Tooth Extraction Sinus Lifting
 Ridge Splitting Block Grafting

**Please capture full extension of palate, ridges, and flanges using
POLYVINYL SILOXANE impression material.**

Case Evaluation Complete & Accepted _____

Please initial consent to proceed.

Please Note: Non-Straumann cases are NOT fully guided.

For Office Use Only: Fully Guided NOT Fully Guided

Drill kits available, please call.

Simple Surgical Stent

Guide Right Stent Drill Sequence

Tooth #	Implant System	Implant Size	Pilot Hole	2nd Drill	3rd Drill	Final

Tissue punch Flap Immediate placement Tissue recontouring

Special Instructions on back yes no

Signature _____ License _____ Date _____