

## Work Order Form

Full Name \_\_\_\_\_

Company / Business ID \_\_\_\_\_

Email \_\_\_\_\_

Country \_\_\_\_\_

Address \_\_\_\_\_

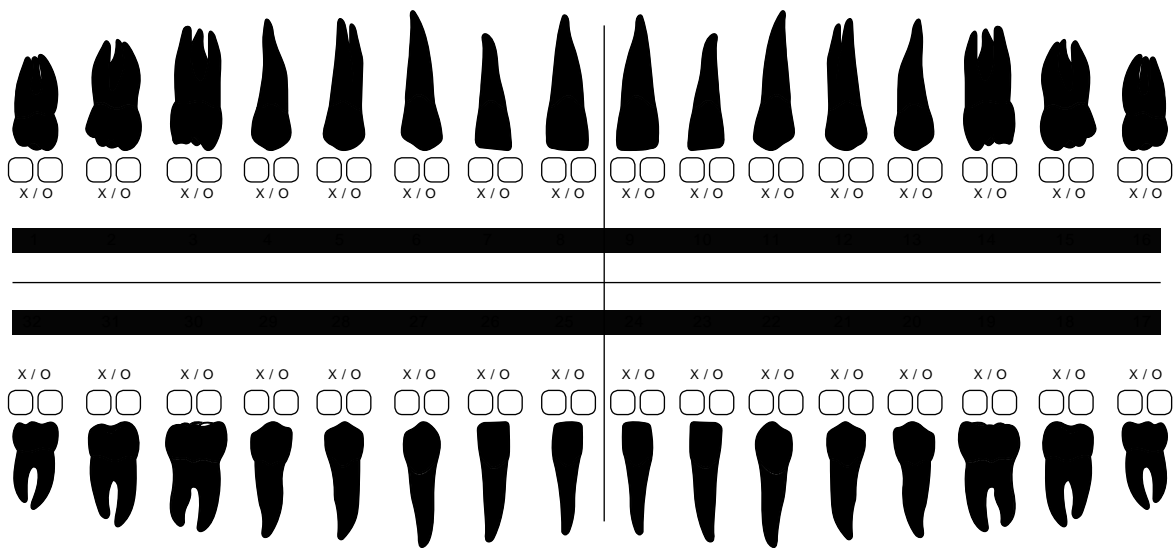
Phone \_\_\_\_\_

### Patient Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Age \_\_\_\_\_



The diagram shows two dental arches. The upper arch (top) contains 16 tooth silhouettes, and the lower arch (bottom) contains 16 tooth silhouettes. Below each silhouette is a small circle containing two smaller circles. An 'X' is placed in the top circle to indicate a tooth extraction site, and an 'O' is placed in the bottom circle to indicate an implant position. The diagram is divided into four quadrants by a vertical and a horizontal line.

X Tooth Extraction Site  
O Implant Position

Tooth Number	Diameter	Length

### Guided Surgery

- Virtual Planning & Virtual Wax Up
- Template Design
- Template Printing
  
- Planning
- Manufacturing

### Cad Cam Restoration

- Provisional Restoration PMMA  
Please choose:
  - Temp cylinder
  - Ti Base
  - Multi Unit

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- Customized Healing Cap
- Customized Abutment

### Treatment Plan Instructions

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\*Will Bone Grafting

\*Sinus Grafting

### Shipping Address

Provide a shipping address, in case it's not the one you have registered with

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### Contact Details

Please provide other contact details / phone number and best time for treatment planning instruction / review

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I hereby confirm that I have read and understood the content.

Please send info (CBCT, MODEL or Digital Impression) to - [info@tagdental.ca](mailto:info@tagdental.ca)