

Received Date: _____

General Information : _____

Date Shipped : _____

Doctor Name : _____

Patient Name : _____

Courier Order # : _____

Contact Name : _____

Contact # : _____

Scan Request Guidelines : _____

- **Impressions:** PVS material is recommended.
- Please do not submit impressions with pulls or distortions.
- Make sure that all occlusal surfaces are captured and the full ROI is visible.

Accuracy of the surgical guide is directly related to the quality of the model or impression.

Scan Request Information: _____

- | | | |
|---|---------------------------|----------------------------|
| <input type="radio"/> Model | <input type="radio"/> Max | <input type="radio"/> Mand |
| <input type="radio"/> Impression | <input type="radio"/> Max | <input type="radio"/> Mand |
| <input type="radio"/> Max with Appliance or Wax-up | | |
| <input type="radio"/> Mand with Appliance or Wax-up | | |

Surgery Date or Due Date: _____

Model Scan Warnings:

- The model must be intact. Repaired, broken, models with air bubbles or lab cuts cannot be used.
- If such models are submitted, 360imaging will request new models or impressions. This could delay surgical guide production and fabrication.

Shipment Instructions:

- Put patient name or order number on the model or impression.
- Include fully completed 'Model Scan Request form.

Please contact us at any time if you need assistance or if you have any question