

Greater Montreal MAXILLO-FACIAL 3D

www.MaxilloFacial3dMontreal.com

2013

SIMPLANT GUIDED SURGERY

Patient : _____ () M () F birth date : _____

Study : () Maxilla () Mandibula () Maxilla and Mandibula

Dr : _____

Address : _____

Tel : _____

Email : _____

Ct Scan from :

() Greater Montreal MAXILLO-FACIAL 3D

() other : _____

Tel : _____

info@MaxilloFacial3dMontreal.com

Tel and Fax :514-524-0567

SIMPLANT SOFTWARE used:

- () Simplant GO Guided Bundle
- () Simplant Planner
- () Simplant Pro
- () One Shot + \$ 190

PLANNING ASSISTANCE Services:

		<u>if with Conversion</u>
1 to 3 implants on a single arch	\$ 110 ()	\$ 85 ()
4 to 6 implants on a single arch	\$ 160 ()	\$ 135 ()
Fully edentulous arch	\$ 200 ()	\$ 175 ()

SURGICAL GUIDE :

Per arch including delivery \$ 515
or voucher: _____

- () Tooth supported guide (always for SimplantGO)
- () Soft tissue supported guide
- () Bone supported guide

ELECTRONIC DATA TRANSMISSION

By appointment online consultation 514-443-3838
Simplantmf3d@gmail.com

BUNDLE per arch: Conversion + Plan + Guide

- () 1 to 3 implants \$ 675
- () 4 to 6 implants \$ 725
- () Fully Edentulous Arch \$ 765

MF3D BUNDLE per arch: CTScan + Report + Conv + Plan + Guide

- () 1 to 3 adjacent implants \$ 850
- () 4 to 6 implants on one arch \$ 950
- () Fully Edentulous Arch \$ 995

Authorization :

The undersigned understands that these reformatted images provided by MAXILLO-FACIAL 3D are strictly for the purpose of assisting the referring clinician in diagnosis and pre-surgical planning. Dr Henri Dussault, Centre Dentaire Henri Dussault Inc., *Materialise Dental* and all other consultants are not responsible for providing any interpretation of images or physician services such as diagnosis or treatment. Localisation of mandibular nerves is strictly indicative and in doubt an oral and maxillo-facial radiologist is to be consulted. The clinician understands that it is of his responsibility to validate transmitted information and make necessary modifications before proceeding with treatments and ordering the required surgical guide. For CTScans not taken by MAXILLO-FACIAL 3D the clinician has the responsibility to have it analysed by a certified oral and maxillo-facial radiologist.

Signature : Dr. _____

Please bill () VISA () MasterCard total amount: _____

Card No : _____ Exp : _____