Greater Montreal MAXILLO-FACIAL 3D

www.MaxilloFacial3dMontreal.com

2013

SIMPLANT CONVERSION

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

CONVERSION: including cleanup, all masks and mandibular nerve mapping.
1 or 2 arches only one price
( ) Conversion for an MF3D Scan **free**
( ) Conversion for an external Scan $ 95
( ) Materialise voucher no:____________

PROSTHETIC OPTIONS:
( ) Virtual teeth (default)
( ) DiagnosticWaxup (Optical Scan)
( ) Full denture (Dual Scan)
( ) *Barium sulfate guide*

SIMPLANT SOFTWARE used:
( ) Simplant GO Guided Bundle
( ) Simplant Planner
( ) Simplant Pro
( ) One Shot + $ 190

PLANNING HELP Service		if with Conversion
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 ( )

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

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 the 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 : __________