

DOCTOR _____

PATIENT _____

SURGERY DATE _____

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1

TYPE OF GUIDE/PROSTHESIS

MAXILLA

- AOX (STACKABLE)
- OVERDENTURE (STACKABLE)
- OVERDENTURE (COPY + TUBES)
- CONVERSION DENTURE
(DENTURE + TROUGHED COPY + BITE)
- SINGLE/BRIDGE

MANDIBLE

- AOX (STACKABLE)
- OVERDENTURE (STACKABLE)
- OVERDENTURE (COPY + TUBES)
- CONVERSION DENTURE
(DENTURE + TROUGHED COPY + BITE)
- SINGLE/BRIDGE

2

IMPLANT BRAND, SITES, & SIZES

+

ANY SPECIFICS ON THE DESIGN

Please let us know if you have any changes you'd like us to make with the teeth (changes to midline, incisal edge, vertical, etc.). If you say nothing, we will make our best guess off the photos provided.

3

ONLY IF FULL ARCH GUIDE

SHADE

REDUCTION & IMPLANT GUIDES:

- RESIN or METAL

RESTORATIVE SPACE: 15 mm (default)

- Other: _____

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RENEW USE

- AOX: CBCT | Scan, Models, or Impressions | Bite | Photos
- OVD: Dual Scan CBCT | Scanned Denture(s) | Bite | Photos
- SIMPLE: CBCT | Scan, Models, or Impressions
- CONVERSION: Scan, Models, or Impressions | Bite | Photos

SIGNATURE _____ DATE _____