

Ziacom Medical SL
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info@ziacom.com - www.ziacom.com
 C.I.F.: B-84115195 | VAT No.: ESB-84115195

Date of surgery:

Patient ID:

Doctor's details: First name: _____ Last name: _____

Contact: Telephone: _____ Email: _____

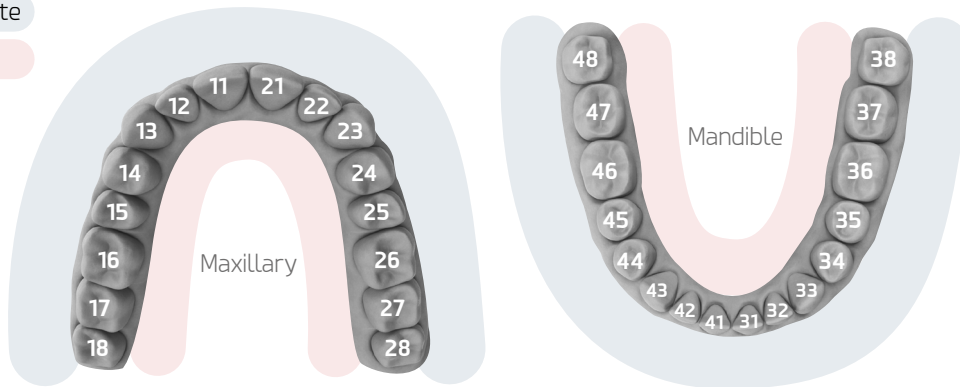
Address: Street/Square/Avenue: _____

No. _____ Building No.: _____ Flat/Door No.: _____ Province: _____

Town/City: _____ Postal code: _____

Dental chart

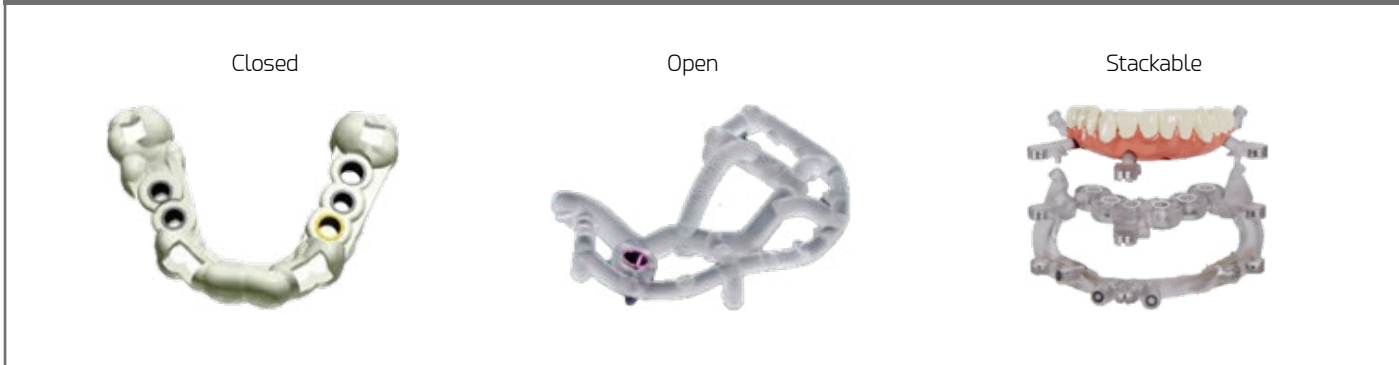
- Implant placement site
- Implant removal



Implant site

Part No.	Implant	Diameter	Length
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TYPE OF GUIDE REQUESTED



OBSERVATIONS

INFORMATION SUBMITTED TO ZIACOM®3D

Intraoral scanning (STL format)

DICOM file

ADDITIONAL MATERIAL

IMPORTANT: The service provided by the Ziacom®3D simulation centre is not a substitute for the service of a qualified professional dentist/stomatologist in providing diagnoses, prognoses and treatment plans.

· The turnaround time for the mock-up will be 2 working days from the complete receipt of all necessary files. After approving the mock-up, the guide will be sent within 3 days to the address indicated on the Order Form, unless otherwise indicated by the requester.

· Submission of this completed document as well as approval of the case by email implies acceptance by the clinician and/or dentist concerned.

· No work will be carried out without the mock-up being signed for acceptance by the requesting professional.

Signed in (city/town)

, on (day/month)

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(year).

Professional licence/registration No.:

SIGNATURE