VALLEY DENTAL ARTS

Surgical Rx

Valley Dental Arts
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Dr. Phone

Address

City State AL Zip

Email

Date Mailed Date Needed Time Needed

Patient Age

Male Female

Send case images with Dropbox: photos@ValleyDentalArts.com

SURGERY

SURGICAL PLAN
(choose from list below)

Flap Reflection

Max. Incisal Opening (mm)

What handpiece will you use?

What drills will you use?
example: Straumann kit

Explain any procedures that may alter patient anatomy before surgery

SERVICES *(choose from list below)*

Denture Setup

Would you like to review your case with us?

Which day and time work best for you?

Please send:

Mailing boxes

List the following for each surgical site:
Tooth number, Implant system, Implant diameter and length

example: *#31, Nobel Replace, 5.0 x 10mm*

Additional Notes:

Doctor Signature License #

I agree to be bound by the policies, terms and conditions set forth in the most recent booklet of Recommendations, Policies, Price Lists and Time Schedules received by me from Valley Dental Arts, including, but not limited to the provisions therein relating to the finance charge on past due accounts.