

# MEDICAL PRESCRIPTION GUIDED SURGERY



## 1. General Information

Date:\* \_\_\_\_\_  
First Name and Last Name Dr.:\* \_\_\_\_\_  
Address (Street, City, Zip Code) Dr.:\* \_\_\_\_\_  
Phone:\* \_\_\_\_\_  
Email:\* \_\_\_\_\_  
Patient's First Name and Last Name:\* \_\_\_\_\_  
Age:\* \_\_\_\_\_ Sex:\* F  M   
Billing address, if different from requesting address:  
\_\_\_\_\_  
Delivery address, if different from requesting address:  
\_\_\_\_\_

## 2. Sending type\*

- Digital file  
 Analog (in this case, after the form is inputted write to [jdguide@jdentalcare.com](mailto:jdguide@jdentalcare.com) to request pickup)

## 3. Processing location

Select the number of dental elements where you want the implant:\*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
D-R								S-L							
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

## 4. Type of processing\*

- Surgical design + surgical template print (sleeves included)  
 Jig + temporary immediate loading reinforced  
 Surgical template + temporary immediate loading unreinforced  
 Dima zygoma (including screws and biomodel)  
 Feasibility study  
 Print surgical template without design  
 Surgical template print without sleeves

Also needed are (non-mandatory field):

- Studio assistance  
 Printed 3D model with analogs  
 Printed 3D model without analogs

## 5. Type of plant needed\*

- JDEvolution Plus: location \_\_\_\_\_  
 JDEvolution S: location \_\_\_\_\_  
 JDPterigo: location \_\_\_\_\_  
 JDNasal: location \_\_\_\_\_  
 JDIcon Plus location \_\_\_\_\_  
 JDIcon Ultra S location \_\_\_\_\_  
 JDEvolution location \_\_\_\_\_  
 JDIcon location \_\_\_\_\_  
 JDOcta location \_\_\_\_\_  
 JDNow location \_\_\_\_\_  
 JDZygoma location \_\_\_\_\_



## 6. Color required\*

- No  
 Yes: \_\_\_\_\_

## 7. Notes

Specify anamnestic news of relevance to the design and construction phase of the device, allergies, etc...(optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7.1 Is it necessary to order components?

- Yes (We will define the necessary components during the connection)  
 No

## 8. Delivery date\*

See our timelines in the website. Urgencies will be handled by the JD Milling Center, if possible, directly upon receipt of the request.

Finished by: \_\_\_\_\_

## 9. Book a liaison session to view the project

Make an appointment with a JD Milling Center technician at the following link <https://calendly.com/jdguidejdentalcare/30min>

Before sending the order, check that you have correctly filled out the form in all the mandatory fields, and in the most exhaustive way possible. If the form is not filled out correctly, the work will not be taken on by the JD Milling Center.

I am aware that JDentalCare does not perform any clinical review of the project and therefore accepts no responsibility for any temporary or permanent damage caused to the patient as a result of the surgical procedure carried out using the guide fabricated based on my approved project.

Therefore, I release JDentalCare and its employees, consultants, or collaborators from any liability regarding the outcome of the surgical procedure.

I declare that I possess the legal qualifications to develop the treatment plan and I assume full responsibility for the design and use of the surgical guide, which is based on the last approved project. The case will be manufactured based on the most recently approved project.

- I authorize to proceed\*

Date: \_\_\_\_\_

Sign: \_\_\_\_\_

\*mandatory field



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