

Form of Authorization to Proceed

Date _____

I, Dr. _____ **have project and reviewed** the treatment plan of my patient _____, through the use of the software JD-igital Guide, starting from the DICOM images of the patient himself, to be used for the construction of the surgical guide for the implant placement. I have approved the implants position and the full treatment plan, realised in autonomy or with the assistance of JDentalCare, to be used for the construction of the necessary Surgical Guide for and to perform the operation on the patient in question.

I am aware that JDentalCare does not perform any clinical review of the project and does not therefore assumes no liability for temporary or permanent damage caused to the Patient following surgery, performed through the guide modelled from my project.

Therefore, I relieved JDentalCare and his employees, consultants or collaborations from every responsibility about the result of surgery.

I declare to possess the legal qualifications to realize the treatment plan and I assume the full responsibility for the design and use of the Surgical Guide, made from the last approved project.

The case is produced from the last approved project, with the following details:

Project: _____

Patient: _____

Last Modify: _____

Any change requested after this approval of the project may incur costs and additional delays. By sending this document I declare, certify and approve the treatment plan sent, and I authorised processing of patient data for the purpose of producing surgical guidance and model of work (Information on the processing of personal data pursuant to art. 13-14 Reg.to EU 2016/679).

Signature (required) _____