



# Model Scan Request Form

**Please Ship Materials To:**

360imaging - ATTN: Model Scan Department  
6445 Powers Ferry Rd, Ste# 360, Atlanta, GA 30339

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

## General Information:

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

Doctor Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Courier Order #: \_\_\_\_\_

Contact #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

## Scan Request Information:

Model       Max       Man

Impression    Max       Man

Max with Appliance or Wax-up

Man with Appliance or Wax-up

Extractions Needed:

\* Tooth #(s) \_\_\_\_\_

## Surgical Guide Information:

Surgical Guide Needed

Type of Surgical Kit Used: \_\_\_\_\_

Type of Implants: \_\_\_\_\_

Type of Surgical Guide:

Fully Guided       Pilot Guide

**Surgery Date or Due Date:** \_\_\_\_\_

## Scan Request Guidelines:

- **Models:** Maximum dimensions of model are 90mm wide x 60mm high for optical scanning.
- **A \$30.00 fee will be charged for models that have to be trimmed. (outsourced)**

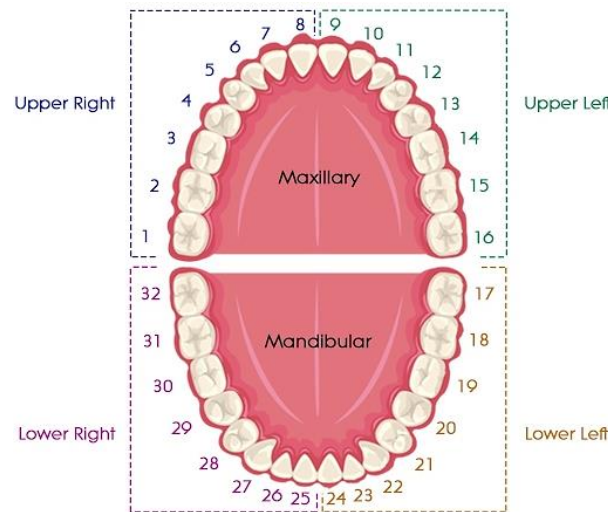


3shape

- **Impressions:** PVS material is recommended.
- Please do not submit impressions with pulls or distortions.
- Make sure that all occlusal surfaces are captured and the full ROI is visible.
- **Accuracy of the surgical guide is directly related to the quality of the model or impression.**

## Region of Interest:

\* Please circle teeth #(s) for implant placement.



- All models and impressions should be recent.

## Model Scan Warnings:

- The model must be intact. Repaired, broken, models with air bubbles or lab cuts cannot be used.
- If such models are submitted, 360imaging will request new models or impressions. This could delay surgical guide production and fabrication.

## Shipment Instructions:

- Put patient name or order number on the model or impression.
- Include fully completed 'Model Scan Request form.'

**Please contact us at any time if you need assistance or if you have any questions.**

**(404) 236-7700 or (866) 360-6622**