



Guided Surgery Medical Prescription

1. Clinical information

Date
Dr.
Address (road, city, country):

Telephone
e-mail
Patient name and surname:

Patient age:

Gender M F

2. Required delivery date

Work completed by _____

3. Type of material required

- Surgical guide
- Printed Model

4. Instructions

(please indicate the location of the implants and the type of rehabilitation required)

5. Type of implant used

- | | |
|---|---------------------------------------|
| <input type="radio"/> JD Evolution | <input type="radio"/> JD Icon |
| <input type="radio"/> JD Evolution S | <input type="radio"/> JD Icon Ultra S |
| <input type="radio"/> JD Evolution Flus | <input type="radio"/> JD Icon Plus |
| <input type="radio"/> JD Nasal | <input type="radio"/> JD Octa |
| <input type="radio"/> JD Pterygo | <input type="radio"/> JD Now |

6. Anamnestic information relevant to the design and creation of the device, allergies, etc...

7. Additional notes.

Signature

To deliver all the material, ship to:
JDLab, Str. Contrada, 323, 41126 Modena MO



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