Important Notes

MC-MGWOE Rev.4

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MGUIDE | MCENTER WORK ORDER

CASE ID .....
(For MCENTER Use Only)

WORK ORDER .....
(For MCENTER Use Only)

Case Requirements (The clinician must send to the MCENTER)

- A folder containing the DICOM files of the patient's CBCT Scan, performed as per MCENTER protocol.
- A Stone Model of the patient's current oral anatomy, performed as per MCENTER protocol.
- A Waxed-Up Stone Model of the patient's planned prosthetic solution, performed as per MCENTER protocol.
- This form completed and signed by the clinician.

Clinician Information

Name .....

Customer # .....

Street Address .....

City, State, and Zip Code .....

Telephone .....

State License Number .....

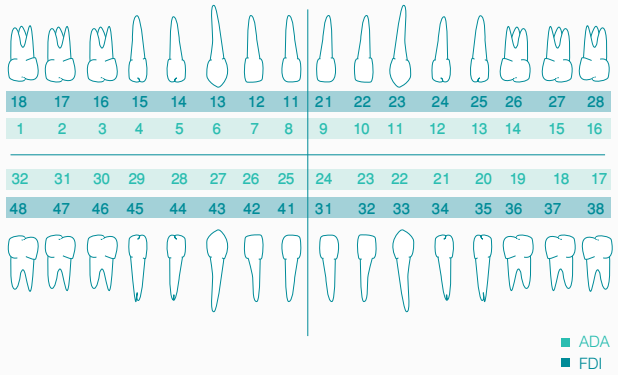
Patient Information

Patient Name/Case ID .....

Date of Birth .....

1

Implant Location Please indicate the desired implant site(s)



Please indicate which teeth, if any, will be extracted during surgery

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2

Implant Properties

Please indicate the desired Implant length(s) and diameter(s) below, according to tooth number:

Tooth Number	Implant Series	Diameter	Length

MGUIDE Surgical Template (Order Date) .....

Surgery Date .....

Warranty & Liability

MIS Warranty:
MIS exercises great care and effort in maintaining the superior quality of its products. All MIS products are guaranteed to be free from defects in material and workmanship. However, should a customer find fault with any MIS product after using it according to the directions, the defective product will be replaced.

Liability.
In no event shall MIS be liable for indirect or consequential damages. The products furnished by MIS are not intended to be used to determine diagnosis, prognosis, or a course of treatment. Neither the products or any information made available by MIS are intended to replace the services of a trained professional or to be substitute for medical advise by physicians. MIS makes no representations or warranties with respect to the products regarding treatment, action, or application of medication.

Signature (Required) ..... Date .....