

900 Botany Road MASCOT NSW 2020 NSW Tel 1300 878 336

Dr _____

Patient _____

Date Sent _____

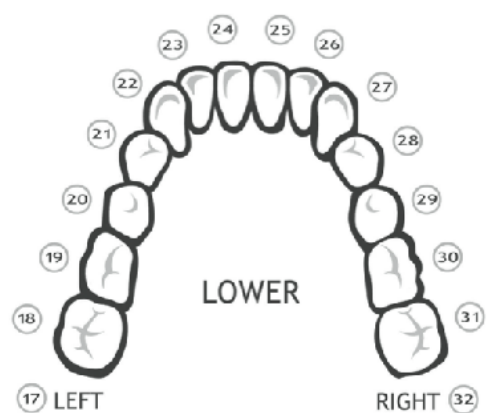
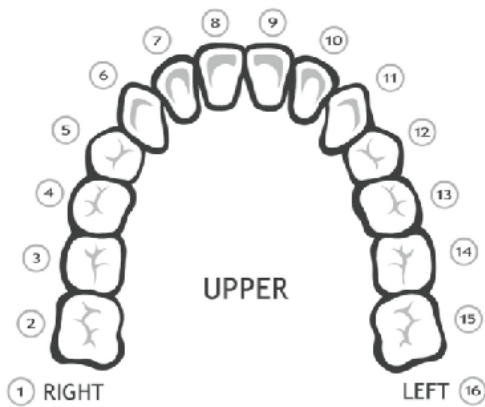
Please construct: Upper Guide Lower Guide Scan Appliance

Please setup case in Blue Sky Plan for my review

Provided with case:

Impressions/Models Blue Sky Plan Data DICOM Data

Tooth Number	Implant Size	OFFICE USE	



Special Details
