Pilot Compu-Guide Prescription

Virtual Implant Placement (VIP) Software

1) Contact Information

Clinician Name: _____ Phone: _____

Office Contact: _____ Email: _____

Address: _____ Fax: _____

City/ State/ Zip: _____ Patient Identifier: _____

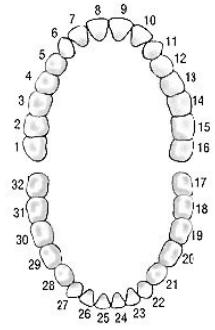
Partner Laboratory used to fabricate CT Scan Appliance: _____ Patient Appointment Date[1]: _____

[1] Fabrication of a Pilot Compu-Guide requires a minimum of 3 business days once all necessary content has been received by BioHorizons. Please plan patient appointment date to allow adequate time for fabrication of the Compu-Guide and shipping.

2) Pilot Compu-Guide Instructions (complete a separate prescription for each arch)

Indicate arch:	☐ Mandible	☐ Maxilla
Leave Fiducial Markers attached[2]:	☐ Yes	☐ No
Total number of implants in VIP plan:	☐	☐

Indicate implant locations by selecting tooth number:



Case Comments: _____

_____

[2] The Compu-Guide cannot be modified once fabricated if the Fiducial Markers have been removed.

3) Prescription Signature

I acknowledge responsibility for this patient's VIP dental implant position, treatment plan and surgical placement of dental implants.

_____ _____ _____

Clinician Name (Signature) | Dental License Number | Date

4) Contents Checklist

Please Complete Pilot Compu-Guide Contents Checklist

To ensure timely return of Compu-Guide, please make sure to include:

- ☐ Included CT Scan Appliance
- ☐ VIP Treatment Plan (please indicate):
  - ☐ Included on CD
  - ☐ Sent via email (viplab@biohorizons.com)
- ☐ CT Scan DICOM Images (recommended)
- ☐ Upper and Lower Diagnostic Casts
- ☐ Completed Pilot Compu-Guide Prescription
- ☐ Ship contents to BioHorizons VIP Laboratory

Pilot Compu-Guide requires BioHorizons Pilot Drill Set (122-000)

The CT Scan Appliance becomes the Pilot Compu-Guide. Changes to the patient's oral environment after original CT Scan Appliance fabrication may not allow Pilot Compu-Guide to seat correctly.

VIP Laboratory
2300 Riverchase Center
Birmingham, AL 35244

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BioHorizons Internal Use Only

Contents Reviewed By: _____ Date Contents Received: _____ MO#: _____

☐ MDLS _____ ☐ SA ☐ PLCD ☐ DCD ☐ Rx ☐ CQ ☐ CR ☐ Other _____

Comments: _____