

## **AUTHORIZE SURGICAL GUIDE**

Login to Implant Concierge and click on the patient's name to open the case.

conclumnt (			seconds.	6 Annuel	Grapes
Wev Carreld Cenes	+ Dreate Implant Concerge Case	order Induktaat Dervice	•		
Current Case	BS ng Patosa Completed Al-C	anni			
O Inductions are actives IP Part Level. Name Dr. Name Statust in Property Constant Der Dit 2016	Status: In: New Japaneer Pending: Optimized Concerns to Pending: Implicit Concerns to	DICOM Nes to Case Files role incerpt of STL, PVD or approve CBCT Brain	diagnostic the	301	



Click on the red "Authorize Surgical Guide" button.

Patient Name	Options -
Gender: Male   DOB: 03/30/1947	Case ID: 1380731285
Next Step	
C Doctor o sign Surgical Guide Authorization Form	

5

After you verify that the patient information, charges, and shipping information is correct, please scroll down to fill out and sign the Authorization Form.

- 191			And the second second second	
astronium   4	Continued (in suplicity ) with	an tai isa fin		
Surgical Guid	e Authorization			
alar Munifer, 1201121	-			
O Disconter August Contrigor 1 pris			THE PART CHARGE THE IS	
grade supplies a the	and make			
-	Isposed Plestoname Plan	_		
			ang Such To Brann	
			Br Nam Shipping Indu	
Charges				
ID-Conversion & Ver	had implant Teatment Barrices	8188	Billing Information	
			Company Name	
Inglant Courierge B	arginel Duttle	8.125		

## **AUTHORIZE SURGICAL GUIDE**



First, choose the supporting structure of your guide (Mucosa, Tooth Borne, Bone Borne. or Bone Borne with Reduction Guide). Second, you have the option to leave any additional notes. Third, please virtually sign the form by typing your first and last name. Fourth, click the box to verify that you have read and agree to the terms. Next, choose which date you would like the guide to be delivered by. Lastly, click the green "I Authorize" button. If the button is not highlighted, that means a necessary field has been left blank. Please ensure that all necessary fields are filled out.

antient, diamas count	ie boeed on the beatment plan which I have combuded on a kerned dential in the Data of Fionds and an owerfied to perf	shi	p Guide To	0 (1)/10
the plantice interview of this treatment plan	ne, and that I save responsibility for the design and the again t	nae Di St	- Name hipping Info	1
Ouide type	ingtentCerclarge			
1 tupporting	Coose A felieron +		inst informations	J
2 Nois	Additional Name	Cur Cire	many Rome Name	<u></u>
3 Dertita	Dealer Synan e			
<u></u>	1 1 have read and agree to the terms.			
Surgery Dr	31 I fidewa readil and agrees to the terms. 300			
Ensure your p Preside provide at costs very copertor	II I have read and agree to the terms. 350 while although the torus while although the torus reads have the sequence of your cellency state becamments.			
Ensure your g Prease process a costs story openio Centrer By	I I frame read and agree to the terms. Its while attrives on time ways y disease to sate secon means here tims separary ing on your celleny size toouraments segary filenomy (tax			<u>-</u>
Ensure your g Rease prover a rease sory repeat	I I frane read and agree to the terms. Its uble attrives on time segmy or early data tech mease hite Lins shipping ing on your cealing data tech mease hite Lins shipping ing on your cealing data tech mease hite Lins shipping its on your cealing data tech mease hite Lins shipping			<u>.</u>



