



Date Sent \_\_\_\_\_

Date Required \_\_\_\_\_

Patient \_\_\_\_\_

Dr \_\_\_\_\_

Address \_\_\_\_\_

Adam Dental Account Number \_\_\_\_\_

EMAIL: \_\_\_\_\_

( please note this is important so we can send images for your approval)

Please construct guide: Maxilla  Mandible

DEAR DOCTOR, PLEASE DO NOT HESITATE TO CONTACT US SHOULD YOU REQUIRE SOFTWARE OR CLINICAL ASSISTANCE

\*\*\*\* INSTRUCTIONS AND CHECKLIST - PLEASE TICK PROVIDED \*\*\*\*

OPTION 1

OPTION 2

BLUE SKY BIO TO PLAN CASE:

DOCTOR TO PLAN CASE:

A. Impressions/Models

SEND IMPRESSION/ DICOM DATA TO:  
Blue Sky Bio Guides  
1/117 Anzac Parade  
Kensington NSW 2031

A. Impressions/Models

B. DICOM Data   
(CD or USB stick)

B. Blue Sky Plan Data

Internal Hex/Bio Horizons-Zimmer-MIS compatible  Conus 12/Astra compatible  One Stage/Straumann compatible  Trilobe/Nobel Replace compatible  Bio Max/Nobel Active compatible

| Tooth Number | Implant Size | OFFICE USE |
|--------------|--------------|------------|
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Comments/Special Instructions

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