

NOBELGUIDE PLANNING

Clinician Name:

Patient Name:

Surgery Date:

Planning Approval:

- I am satisfied and approve the medical and dental aspects of the planning.
- I have provided an accurate case plan and all relevant data required for fabrication procedure of the surgical guide.
- I agree that Protec Dental Laboratories is not responsible for improperly fitting guides as a result of inaccurate data provided to the lab.
- I assume full responsibility for both the plan and resulting surgical guide and that this work authorization is made subject to the terms and conditions of Protec Dental Laboratories' Nobel Guide Planning services agreement, but is not limited to disclaimers on all warranties and a limitation of the lab's liability.

I accept and approve the above terms.

PLEASE CERTIFY BY CONFIRMING ELECTRONIC SIGNATURE

This work authorization is authorized by:



Type electronic signature here (Clinician)

License Number

Date of submission