



3DXGUIDE

Order Form

PLEASE SEND YOUR 3DXGUIDE CASE TO:

205-209 Moreland Road
Coburg VIC 3058

CASE SUPPORT

guides@3dxguide.com.au
03 9386 7900
www.3dxguide.com.au

POWERED BY



CASE ID (3DXGUIDE TEAM USE ONLY)

IS THIS YOUR FIRST 3DXGUIDE CASE? Y N

PROSTHESIS LIST Y N

WHAT YOU HAVE INCLUDED?

CT Received Yes No

Imps Received Yes No

Other enclosures Yes No

PACK VOUCHER NUMBER

FURTHER INSTRUCTIONS & NOTES

TERMS & CONDITIONS

The Clinician understands and acknowledges that XYZ DENTAL is the designer, fabricator and supplier of the 3DX-GUIDE Surgical guide ordered in this document. The circumstance in which this product is ordered and used are only under the control of the Clinician, and the Clinician assumes his or her responsibility for the case planning and outcome. The Clinician understands that a minimum charge of \$75 ex GST applies for the workup and planning of a case submitted to XYZ Dental.

On these terms, the remedies of the Buyer are limited as follows: The liability of XYZ DENTAL for real and proven damages, regardless of the gravity of the failure, are limited to the price of the product directly related to the reason for the claim. Under no circumstances can indemnity be grounded for indirect damages such as, but not limited to, loss of revenue, increase of expenses, disturbance of planning, loss of customers or goodwill, loss of benefits or expected savings or any other financial or commercial losses which are not direct and immediate consequences of a shortcoming of XYZ DENTAL in its obligations.

XYZ is not responsible for any shipping delays outside of its own control. The Clinician agrees to verify the conformity of any delivered product with his order before using it. Should Clinician omit to perform such control or decide to nevertheless use a non-conformable product, he or she frees XYZ DENTAL from any liability for the consequences of the use of such product. In addition, the Clinician understands and acknowledges his or her financial medical responsibility for such orders and certifies that he or she has the qualifications and/or licenses as required by law to make such a request from XYZ DENTAL. The Clinician must verify if the surgical plan corresponds to his or her preoperatively designed surgical plan prior to surgery. The surgical plan represents a suggestion for treatment.

The Clinician is solely responsible for the actual surgery performed, regardless of the virtual planning. Any adjustments in the surgical plan in the event of a variance between the clinical situation and the virtual planning is at the sole discretion of the Clinician. XYZ products must be used in accordance with the instructions for use provided by the manufacturer.

XYZ exercises great care and effort in maintaining the superior quality of its products. XYZ makes no warranty, express or implied, except that all XYZ products shall be free from defects in material and workmanship. This warranty applies only to the original Buyer and is non-transferable. No amendment or modification may be made to this document unless in writing and duly executed by an authorised representative of XYZ.

These terms and conditions are to be read together with XYZ Account Terms and Conditions and governed by the laws of the state of Victoria. The Clinician, by signing below, understands, acknowledges and agrees to all the "Terms & Conditions" and requests that a Surgical Guide be manufactured by XYZ DENTAL in accordance with his or her approved XGUIDE preoperative surgical plan.

CLINICIAN NAME			
SURGERY NAME		HOSPITAL NAME	
STREET ADDRESS			
SUBURB	STATE	POSTCODE	
TELEPHONE			
EMAIL ADDRESS			
PATIENT NAME		DATE OF BIRTH	
<input type="checkbox"/> I REQUIRE A PLANNING SESSION <input type="radio"/> Y <input type="radio"/> N			

PLEASE INDICATE THE JAW(S) FOR THIS 3DXGUIDE CASE: Please indicate which teeth, if any, will be extracted prior to surgery:

Maxilla Mandible Both

Please indicate the desired implant length(s) and diameter(s) below, according to tooth number (if known):

IMPLANT(S) PROPERTIES

TOOTH NUMBER	IMPLANT SYSTEM	IMPLANT PLATFORM	DIAMETER	LENGTH

CHECKLIST - WHAT WE NEED FROM YOU

- DICOM files of patient's CBCT scan, performed as per 3DXGUIDE protocol
- Digital or physical patient impressions as per 3DXGUIDE protocol
- This order form signed by the Clinician

3DXGUIDE SURGICAL TEMPLATE

Signature (Required):

PROPOSED SURGERY DATE:

DATE:

Surgery date must be scheduled within 3 months of case submission

We require 5 working days to produce your 3DX-GUIDE effective from the date of the case being received. This working time is subject to the Clinicians availability for planning.