



# e\*Smile Dental Laboratory

A PERFECT FIT THAT CREATES A PERFECT SMILE!

[STRAUMANN® ALLIANCE LAB] | [Aligntech iTero® Online Partner Lab]

## Surgical Guide Lab Slip

Please complete this referral form and submit it with your stone model to:

### e\*Smile Dental Laboratory

347 E Barstow Ave. STE# 108. Fresno, CA 93710

tel: (559) 228-8608 • fax: (858) 810-0322

info@esmiledentallab.com • www.esmiledentallab.com



For predictable,  
reliable,  
and repeatable  
results

15 years  
of clinical  
success

100,000+  
cases  
guided

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### Doctor/Practice Information

- Doctor(s) \_\_\_\_\_
- Practice Name (if different) \_\_\_\_\_
- Office Address \_\_\_\_\_
- Office Phone / Fax \_\_\_\_\_
- Office Email \_\_\_\_\_

**\*Doctor:**

Please submit: (1) this referral, and (2) PVS impression or poured model.

Initial treatment proposal will be emailed within 3~5 days of receipt of CT scan + model.

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### Patient / Case Information

- Patient Name \_\_\_\_\_ Patient phone \_\_\_\_\_
- Preferred implant system \_\_\_\_\_ Guided surgical kit preference \_\_\_\_\_
- Surgery Date \_\_\_\_\_ Implant site(s) \_\_\_\_\_
- Restorative goal \_\_\_\_\_
- Additional comments/requests \_\_\_\_\_
- Is this denture case? (yes/no) \_\_\_\_\_
- These sites (if any) will be extracted \_\_\_\_\_

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I certify that all of the above information is correct. I agree to the credit card authorization and release of liability terms on the following or reverse page.

\_\_\_\_\_  
Doctor's Printed Name

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date