MOREDENT **MGUIDE®**

Integrated.
Digitally Mastered.
Dentistry.

L 8, West Tower, 608 St Kilda Rd,
Melbourne VIC 3004
moredent.com.au

Work order form

Prosthesis list patient: ○ Yes ○ No Proposed surgery date: _____ (Please allow 10 working days)

Case requirements

Together with this form, I have submitted

○ **CBCT:** A folder containing the DICOM file of patient's CBCT scan, performed as per MCENTRE Protocol
- ○ A CD posted; or
- ○ Uploaded file via filesharing service such as Dropbox or WeTransfer; or CD posted; or
- ○ Direct access through radiology partners

○ **Patient impressions**
- ○ PVS Impression; or
- ○ Digital scan taken with an intraoral scanner

Once we have reviewed items, we will contact you to book a Planning Session.
*We will only proceed to fabricating a MGUIDE once we have email approval.

Clinician name _____

Surgery name _____

Address _____

Suburb _____ State _____ Postcode _____

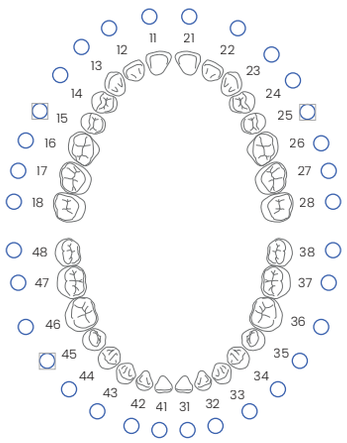
Telephone _____

Email address _____

Patient name/ Case ID _____

Date of birth _____

Please indicate the desired implant site(s):



Please indicate the jaw(s) for this MGUIDE case:

○ Maxilla
○ Mandible
○ Both

Please indicate which teeth, if any, will be extracted prior to surgery:

_____
_____
_____
_____
_____
_____
_____

Proposed implants(s)

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

Tooth number	Implant series	Diameter	Length

Terms & conditions

The Clinician understands and acknowledges that MOREDENT is the designer, fabricator, and supplier of the MGUIDE Surgical template ordered in this document. The circumstances in which this product is ordered and used are solely under the control of the Clinician, who assumes responsibility for the case planning and outcome. Under these terms, the remedies of the Buyer are limited as follows:

The liability of MOREDENT for real and proven damages, regardless of the gravity of the failure, is limited to the price of the product directly related to the reason for the claim. Indemnity cannot be grounded for indirect damages, such as, but not limited to, loss of revenue, increased expenses, disturbance of planning, loss of customers or goodwill, loss of benefits or expected savings, or any other financial or commercial losses that are not direct and immediate consequences of a shortcoming of MOREDENT in its obligations.

MOREDENT is not responsible for any shipping delays outside of its control. The Clinician agrees to verify the conformity of any delivered product with their order before using it. Should the Clinician omit to perform such control or decide to nevertheless use a non-conformable product, they release MOREDENT from any liability for the consequences of the use of such product.

Additionally, the Clinician understands and acknowledges their financial and medical responsibility for such orders and certifies that they have the qualifications and/or licenses required by law to make such a request from MOREDENT. The Clinician must verify if the surgical plan corresponds to their 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 are at the sole discretion of the Clinician.

MOREDENT products must be used in accordance with the instructions for use provided by the manufacturer. MOREDENT exercises great care and effort in maintaining the superior quality of its products. MIS makes no warranty, express, or implied, except that all MOREDENT 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 authorized representative of MOREDENT.

These terms and conditions are to be read together with MOREDENT Account Terms and Conditions and governed by the laws of the state of Victoria. By signing below, the Clinician understands, acknowledges, and agrees to all the "Terms & Conditions" and requests that a Surgical Template be manufactured by MOREDENT in accordance with their approved MGUIDE preoperative surgical plan.

_____

Signature* (required)

*Completing this field is equivalent to your signature on this document

_____

Date

Please send your MGUIDE case to:
MoreDent - L8, West Tower, 608 St Kilda Rd, Melbourne VIC 3004

1300 724 410
mcentre@moredent.com.au

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Office use only Case ID# _____

CT received: ○ Yes ○ No Disc / USB / Digital (specify)
Imps received: ○ Yes ○ No UJ / LJ / Both