

General Information

Date
Dr. Name
Address (Street, City, State, Country, Zip Code)

Telephone
E-mail
Surgery Date

Patient Information

Patient Identification

Patient Identification Patient ID MUST be written in this format: first name initials, last name initials, date of birth (DD/MM/YYYY). Ex: OK23081975

Case Requirements

(The clinician must send to their MCENTER)

- A folder containing the DICOM files of the patient's CBCT scan, performed as per MCENTER protocol.
- An STL¹ model of the patient's current oral anatomy, performed as per MCENTER protocol.
- A Wax-Up STL¹ model of the patient's planned prosthetic solution, performed as per MCENTER protocol.
- This form completed and signed by the clinician.

¹ Stone models will be accepted as well.

Please send to: Mcenter@mis-implants.com

[Click here](#) for MGUIDE Protocol

[Click here](#) for CBCT protocol for MGUIDE

QUESTIONS:

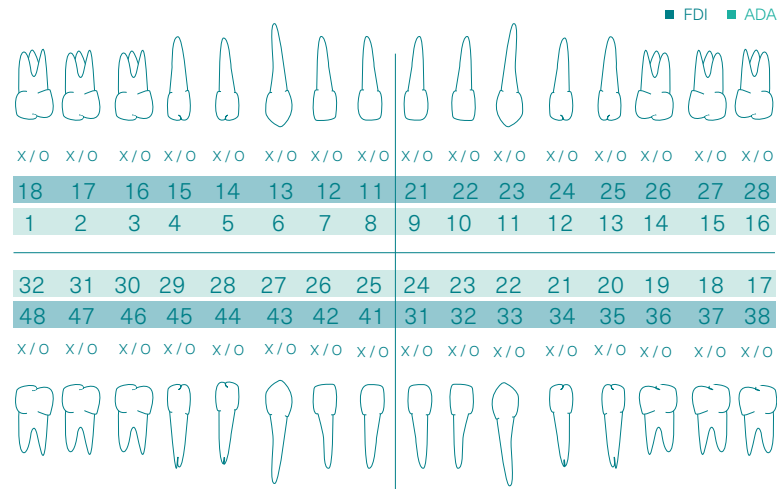
Contact us:
MIS Implants Technologies Ltd.
P.O.Box 7, Bar Lev Industrial Park, 2015600, Israel
Mcenter@mis-implants.com

1. Instruction Chart

Please indicate the tooth extraction site(s) and the desired implant site(s)

Please mark:

X Tooth Extraction Site O Implant Position



2. Implant Location

Tooth Number		Implant Type	Diameter	Length	Platform
FDI	ADA				

3. Additional Indications

- Flapless Procedure
- Raised Flap Procedure
- Immediate Extraction



MIS Warranty:

MIS exercises great care and effort in maintaining the superior quality of its products. All MIS products are guaranteed to be free from defects in material and workmanship. However, should a customer find fault with any MIS product after using it according to the directions, the defective product will be replaced.

Liability

In no event shall MIS be liable for indirect or consequential damages. The products furnished by MIS are not intended to be used to determine diagnosis, prognosis, or a course of treatment. Neither the products or any information made available by MIS are intended to replace the services of a trained professional or to be a substitute for medical advice by physicians. MIS makes no representations or warranties with respect to the products regarding treatment, action, or application of medication. Cancellation Policy: If a case is cancelled after case planning has occurred, a cancellation fee equal to 50% of the cost of the MGUIDE will be incurred. Please allow 10 business days for MCENTER planning and manufacturing. Expedited service is available to reduce planning and manufacturing time to 7 business days or less for a fee equal to 20% of the MGUIDE. In order to avoid incorrect seating due to patient's anatomy change, MGUIDE Template should be used within 3 months from CBCT scan date. No changes shall be made to the oral cavity unless discussed with the MCENTER.

Patient consent

An order of this service is not possible without collecting, saving and processing your patient's personal data. This is done in accordance with the legislation on data protection (EU-GDPR 2018) and solely for the purpose of planning and manufacturing of custom dental appliance products. I confirm that I have received the consent of my patient to pass on his/her personal data to the M-CENTER for the named purpose.

Signature (required)
Completing this field is equivalent to your signature on this document