

Clinician Information

Date

Dr. Name

Address (Street, City, State, Zip Code)

Telephone

E-mail Address

Surgery Date

Patient Information

Patient Identification

Date of Birth

Case Requirements

(The clinician must send to their MCENTER)

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

¹ Stone models will be accepted as well.

Please send to: Mcenter@mis-implants.com

i [Click here](#) for MGUIDE Protocol

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

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

■ FDI ■ ADA

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

2. Implant Location

Tooth Number		Implant Type	Diameter	Length	Platform
FDI	ADA				

3. Additional Indications

- Flapless Procedure
- Raised Flap Procedure
- Immediate Extraction

! Warranty & Liability

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


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1. Information sources

Digital files Stone models Impressions

2. Restoration Type

Please check the appropriate boxes in both Restoration Type and Shade columns

Material Type	Restoration Type		Shade ¹		
Pmma MultiLayer ¹	<input type="checkbox"/> Custom Temporary Healing Cup		L <input type="text"/>	M <input type="text"/>	D <input type="text"/>
	<input type="checkbox"/> Custom Temporary Abutment		L <input type="text"/>	M <input type="text"/>	D <input type="text"/>
	<input type="checkbox"/> Custom Temporary Crown		L <input type="text"/>	M <input type="text"/>	D <input type="text"/>
Zirconia ²	<input type="checkbox"/> Custom Abutment		L <input type="text"/>	M <input type="text"/>	D <input type="text"/>
	<input type="checkbox"/> Custom Coping		L <input type="text"/>	M <input type="text"/>	D <input type="text"/>
	<input type="checkbox"/> Custom Reduced Crown		L <input type="text"/>	M <input type="text"/>	D <input type="text"/>
	<input type="checkbox"/> Custom Veneer Crown		L <input type="text"/>	M <input type="text"/>	D <input type="text"/>
	<input type="checkbox"/> Custom Anatomic Crown		L <input type="text"/>	M <input type="text"/>	D <input type="text"/>
Titanium	<input type="checkbox"/> Custom Abutment				
	<input type="checkbox"/> Custom Temporary Healing Cup				
Digital Model Analog	<input type="checkbox"/> Digital model				
	<input type="checkbox"/> Digital model design				
	<input type="checkbox"/> Digital model print				

¹Shade: **L** (Light): A1; B1 **M** (Middle): A2; A3; B2 C2; C3

²Shade: **L** (Light): A1; B1; C1; D1 **M** (Middle): A2; A3; B2; B3; B4; C2; C3; D3; D4

D (Dark): A3.5; A4; C4

VITA™ Classical Shade Guide (VITA™ is a registered trademark of the VITA company)

3. Additional Indications

Bridge	Crown	Splinted Crowns
Screw-Retained Restoration		Cement-Retained Restoration
Ti-Base:	Cemented to Restoration	Not Cemented to Restoration
Multi-Unit: ²	Cemented to Restoration	Not Cemented to Restoration

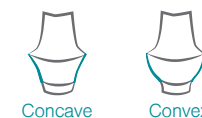
² The Multi-Unit is not supplied by the MLAB

4. Service

Restoration Pontic Design:



Emergence Profile Shape:



5. Additional Case Notes

6. 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.

QUESTIONS:

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

Signature² (required)

² Completing this field is equivalent to your signature on this document