



Center for Advanced Dentistry™

5420 Kietzke Ln, Ste 205
Reno, NV 89511
www.n-sequence.com
Office: (775) 827-6645
Fax: (775) 827-6650



AccuDental CT Model-Based RX

RX Date:

Due Date: (required) By Noon
See back for Protocol By 5pm

Incomplete Lab slip will delay your case

Treatment Plan Call Doctor*
*Allow 2 more days

Practitioners Name (Bill to Doctor) _____ Lic # _____ Phone # _____

Patient LAST NAME, _____ FIRST NAME _____ Age _____ Gender _____

Credit Card #: _____ Exp: _____

CT Model
 Max Man

Model Surgery
 Done by Doctor
 Done by nSequence
 Software planned

Bone reduction guide

Surgical Guide

CD of Data Enclosed

All on _____

Reinforcement Bar
 Lingual arch wire
 Custom Cast (non precious)
 Rapid prototype (titanium)

Smart Implant Bridge Carrier

nSequence Implant Bridge Carrier

See back for Protocol

Temp Restoration – Shade: _____

Single unit #'s: _____

Bridge unit #'s: _____

Final Restoration – Shade: _____

PFM-White Gold PFM-Yellow Gold Zirconia

Single unit #'s: _____

Bridge unit #'s: _____

Radiographic Registration Device:

Kit 1 = 8 trays & 2 bite cartridges
Pick Sizes S _____ M _____ L _____

Kit 2 = 36 trays & 2 bite cartridges
Pick Sizes S _____ M _____ L _____

Trays Only
Pick Sizes S _____ M _____ L _____

Bite Cartridges Only
Qty _____

Tooth #	Implant type	Implant Length	Platform Diameter	Temp Abutment	Stock Abutment	Atlantis Titanium Abutment	Atlantis Zirconia Abutment	Atlantis GoldHue Abutment	Margin Depths in mm (default shown in example)				Margin Design		Parallel Abutment (Default) Check only if NO
									B/F	D	M	L	Shoulder (Default)	Chamfer	
1.			mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.			mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ex: # 8.	Nobel		3.5 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.0	1.0	1.0	1.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Abutment Seating Jig always provided unless checked NO

Key Questions:

- Follow soft tissue model (default)
- NO Blanching (smallest circumference abutment design)
- Blanching OK (medium circumference abutment design)
- Surgical Placement (largest circumference abutment design)

Dentist Signature _____ Lic # _____

CT Guided Model Based Scanning Protocols

1. Begin with a freshly relined denture or a new denture
2. Using a 1mm round drill, drill six (6) craters of 1mm in diameter (no more than 1.2 mm in depth on the tongue surface) equally spaced in the palate of the upper or the lingual of the lower. Compress a sphere of Gutta Percha into each of the six craters.
3. Remove any excess of Gutta Percha from the surrounding surface of the crater and cover with a thin layer of light cure acrylic.
4. Scan the patient wearing the CD* at .2 voxel for 20 seconds
5. Scan the denture alone on a Styrofoam box at .3 voxel for 10 seconds
6. On the computer, set up two different folders; one marked "Patient Scan" and the other marked "CD Scan"
7. Export (burn) the two folders containing the DICOM 3 data onto a computer disc

The following will be sent to nSequence

- Computer disc of the scans
- Any opposing model, if any
- Check bite
- Completed lab slip with treatment plan

*Complete Denture

Send to:

5420 Kietzke Lane, #205
Reno, NV 89511
Phone: 775-827-6645
Fax: 775-827-6650

1. Begin with upper and lower full arch VPS impressions
2. Bite registration of the patient
3. Using nSequence's Radiograph Registration Device* (referred to as "RRD"), reline with Clear Peppermint bite material on the occlusal surfaces in the mouth
4. Scan the patient wearing the RRD at .2 voxel -20 second protocol**
5. On the computer, set up a new folder using the patient's name (Pt. Name Scan Data.)
6. Export (burn) the DICOM 3 patient folder to a computer disc

The following will be sent to nSequence

- Computer disc of the scan data
- Models
- Impression trays
- Bite registration
- RRD
- Completed lab slip with treatment plan

*Radiographic Registration Device

**If using i-CAT Classic, use .2 voxel-40 second scan

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