Orthognathic Scanning Form

Surgeon ___________________________ Practice or Hospital ___________________________
Return Address __________________________
Email ___________________________ Phone ___________________________
Materialise Contact ___________________________ Patient ___________________________
OBL Case ID (eg ME14.XXX.XXX) ___________________________ Return Date ___________________________

SELECT OPTION:

☐ OPTION 1: TRADITIONAL

SPECIALIST
Take Impression + Pour Model + Final Occlusion
Receive Models
Materialise
Digital Files

RACE DENTAL
Take Impression + Pour Model (1 day)
Scan (1 day)
Send Model

☐ OPTION 2: DIGITAL

SPECIALIST
Final Occlusion
Send Model
Digital Impression (3 days)

RACE DENTAL
Scan (1 day)
Send Model

Receive Models
Send Model

RACE DENTAL
Digital Impression
Send Model
Scan (1 day)

Receive Models
Send Model

 COMMENTS

RACE DENTAL LABORATORY Unit 6, 40 Carrington Road, Castle Hill NSW 2154
Phone: 1300 722 352 / +61 2 9490 2500 | Email: assist@racedental.com.au
www.racedental.com.au