



B&B DENTAL
I M P L A N T C O M P A N Y

REGISTERED OFFICE & OPERATIONAL 1: Via San Benedetto, 1837 - 40018
San Pietro in Casale (BO) Italy
OPERATIONAL HEADQUARTERS 2: Via Due Ponti, 19 - 40050
Argelato (BO) Italy
Tel. +39 (0) 51.81.13.75 Fax +39 (0) 51.666.94.00
www.bebdental.it lab.guided@bebdental.it

B&B DENTAL GUIDED SURGERY AUTHORIZATION FORM

Date: Patient Mr. / Mrs.

The prescriber Dr.

I myself as the prescriber doctor DECLARE

To be the one who has personally:

designed reviewed

the entire treatment plan through the use of 3Diagnosys software, starting from my patient CT / CBCT images.

Therefore I:

approve the implants positions and the whole treatment plan, which has been independently performed or through the assistance service, to be used for the production of the model and the surgical guide both necessary to perform the surgery on the mentioned patient.

I declare also that I:

personally designed reviewed

and approve the implant positions and accepted the resulting treatment plan for this patient.

I also discharge B & B Dental Srl , its consultants and its employees of ANY LIABILITY of the surgery result. BY SIGNING THIS DOCUMENT I DECLARE THAT B&B DENTAL IS NOT RESPONSIBLE OF ANY RESULT ON THE PATIENT. I therefore declare to have the legal qualifications to prescribe the treatment plan, and I take full responsibility for the planification and for the use of the surgical guide, that are the result of the last approved project.

Date of surgery:

Last modified on:

Report any changes made to the project:

Any change requested after the approval will require an additional approval of this document and may result in additional costs and delays.

I finally confirm, certify and approve the treatment plan sent and accept the responsibility.

Doctor's stamp and signature:

or write doctor's name and click the box for approval:

GO DIGITAL! DO NOT PRINT THIS FORM!
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