



coDiagnostiX Prescription Form
Dickerman Dental Diagnostics

Date _____ Surgeon _____
Address Street _____ City _____ State _____
Phone Number _____ Email Address _____
Patient _____
Restorative Dr _____
Restorative Dr Fit Confirmation Date _____
Scanning Center _____
Scanning Appointment Date _____
Surgical Appointment Date _____
Return guide to: Restorative Surgeon
Case Type: Edentulous Partially Edentulous
Treatment Plan: Sites, Extractions, Etc. _____

Implant Type: Straumann AstraTech Biomet NobelBiocare
Implant Design: Tissue Level Bone Level
Graft: Yes No Call Surgeon 1st Particulate Block
Implant Size Preference: _____
templiX Scan Control Bar: Yes No
Scanning Center to upload Dicom Files to:
Dickerman Dental Diagnostics Other: _____

Services Requested:

Virtual Case Design Treatment Plan: Surgeon Restorative Dickerman
Virtual Case Design to be approved by: Restorative Surgeon Both
3D conversion: Yes No Radiology Report: Yes No

Drs. Signature: _____ Lic# _____