



Digital Plan Checklist - Orthognathic

The following is a checklist of items needed for a ProtoMED Digital Plan:

- CT scan data per Digital Plans CT Scan Protocol
Data should include Nasion through entire mandible.

- Stone teeth or scanned teeth with post-op occlusion defined.

- Order form with all applicable information included.
 - Not all items are required. Only applicable information is needed.

- Optional: digital picture, face forward per Digital Plan CT Scan Protocol.

Patient Name: _____



Orthognathic Digital Plan Order Form

Order Information:

Surgeon Name: _____ Patient Name/ID: _____
 Phone Number: _____ Scan Date: _____
 Alt. Contact Number: _____ Surgical Facility: _____
 Fax Number: _____ _____
 Email Address: _____ Surgery Date: _____
 Address: _____

Physical Parts Ordered:

DigiGuide

- Final
 Intermediate

Anatomical Model

- Epoxy
 Acrylic
 Plaster

Cephalometric Analysis:

Special Instructions: _____

Available Ethnic Norms: African American American Indian Anglo American
 Caucasian Chinese Korean Latin

Surgery Types:

Mandible:

- Sagittal Split: L R
 IVRO: L R
 EVRO: L R

Genioplasty:

- Augmentation: Autogenous Alloplast
 Reduction
 Correct Asymmetry: Autogenous Alloplast

Maxilla:

- LeFort I
 Multiple Piece LeFort: Pieces _____
 LeFort II
 LeFort III

Temporomandibular Joint:

- Implant: L R

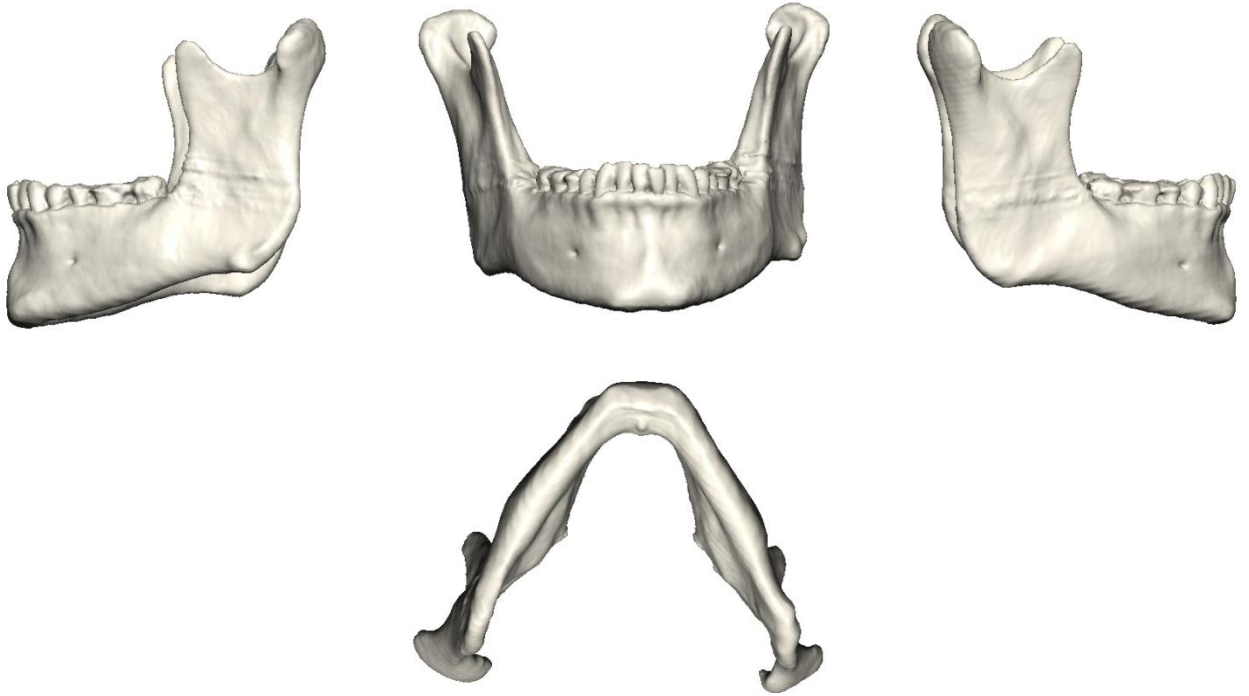
Other:

For questions concerning your order, please contact ProtoMED.

Phone: 303-466-5610 Fax 303-255-5576
 1329 West 121st Ave. Westminster, CO 80234

E-mail: info@protomed.net
 Web: www.protomed.net

Sketch Mandibular Cut Positions:



Sketch Maxillary Cut Positions:

