



VALLEY DENTAL ARTS

**Surgical Rx**

Valley Dental Arts

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Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Date Mailed \_\_\_\_\_ Date Needed \_\_\_\_\_ Time Needed \_\_\_\_\_

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Patient \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

**Send case images with Dropbox: [photos@ValleyDentalArts.com](mailto:photos@ValleyDentalArts.com)**

**SURGERY**  
SURGICAL PLAN  
*(choose from list below)*

**SERVICES** *(choose from list below)*

Max. Incisal Opening (mm)  
What handpiece will you use?

Would you like to review your case with us?

Which day and time work best for you?

What drills will you use?  
*example: Straumann kit*

Please send:

Explain any procedures that may alter patient anatomy before surgery

Mailing boxes

List the following for each surgical site:  
Tooth number, Implant system, Implant diameter and length

example: #31, Nobel Replace, 5.0 x 10mm

Additional Notes:

Doctor Signature

License #

I agree to be bound by the policies, terms and conditions set forth in the most recent booklet of Recommendations, Policies, Price Lists and Time Schedules received by me from Valley Dental Arts, including, but not limited to the provisions therein relating to the finance charge on past due accounts.