

Dentist Name _____

Practice Name _____

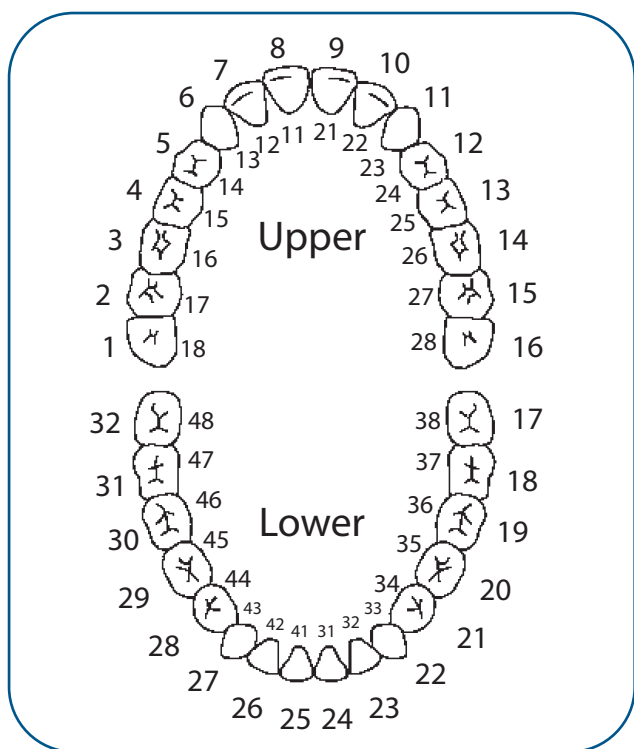
Shipping Address _____ City _____ State _____

Case ID No. _____ (Number assigned to this case by your practice -
to be printed on the guide for ID)

*5 Character Limit. Ex. "DH21"

Please Do Not Use Patient Name for This ID.

1. Mark Tooth Numbers



2. Implant Information

Tooth Number	Diameter		Length
<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
	<small>*Max</small>		<small>*Max</small>
<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
	<small>*Max</small>		<small>*Max</small>
<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
	<small>*Max</small>		<small>*Max</small>
<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
	<small>*Max</small>		<small>*Max</small>
<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
	<small>*Max</small>		<small>*Max</small>

3. What are we doing for you:

Surgical Plan + Fabrication Fabrication Only

4. Guide:

Pilot Guided Fully Guided

*Fully Guided Available for Most Cases




*Indicates use of maximum allowed size

**Additional
Comments:**

5.

A. Create a folder with this completed form, the arch .STL and and CBCT .DCM files. Compress that into a .zip

* If order is for fabrication only, just include final guide .stl in project folder.

-  005_CC_LowerJaw_1701368875062.stl
-  CT.zip
-  PrecisionPath_PrecisionSurgicalGuideOrder(FRM-26-02 rev.1)_Final.pdf



B. Upload your .Zip to www.biobigbox.com or Wetransfer.com and share with ocosurgicalguides@gmail.com

Send Files Now

HIPAA Compliant. No Registration Required.

Your Email*

Share With*

Message

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Terms & Conditions

PLEASE READ CAREFULLY BEFORE USING THIS SURGICAL GUIDE. BY USING THIS SURGICAL GUIDE, YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS AND CONDITIONS OF THIS WAIVER.

This Liability Waiver is made and entered into as of the date of use by and between OCO Biomedical Inc. and the undersigned licensed dental professional or entity (hereinafter referred to as the "End User" or "Dentist").

RECITALS:

- A. OCO Biomedical manufactures dental implant surgical guides (the "Guide") using three-dimensional printing technology based on a treatment plan approved and provided by the End User.
- B. The End User is a licensed dental professional responsible for the diagnosis, treatment planning, and surgical placement of dental implants.
- C. The End User acknowledges that the Guide is a tool intended to assist in the surgical placement of dental implants according to the End User's pre-approved plan.
- D. The End User understands that the ultimate responsibility for the proper diagnosis, treatment planning, and surgical execution, including the use and placement of dental implants, rests solely with the End User.
- E. Oco Biomedical exercises no control or judgment over the End User's treatment plans, diagnoses, or surgical procedures.

AGREEMENT:

In consideration of OCO Biomedical providing the Guide, the End User hereby agrees to the following:

Acceptance of Risk: The End User acknowledges and understands that the use of the Guide involves inherent risks, including but not limited to, inaccuracies due to data interpretation, software limitations, manufacturing tolerances in the 3D printing process, variations in patient anatomy, and unforeseen complications during surgery. The End User assumes all responsibility for these risks.

No Warranties: Oco Biomedical provides the Guide "AS IS" and makes no warranties, express or implied, including any warranties of merchantability, fitness for a particular purpose, or non-infringement. Oco Biomedical does not warrant that the Guide will be error-free or perfectly accurate.

Release of Liability: To the fullest extent permitted by applicable law, the End User hereby irrevocably releases, waives, discharges, and covenants not to sue Oco Biomedical, its officers, directors, employees, agents, successors, and assigns (collectively, the "Released Parties") from any and all claims, demands, actions, causes of action, damages, losses, expenses, and liabilities of any kind or nature whatsoever (including, without limitation, claims for personal injury, death, property damage, or economic loss) arising out of or in any way connected with the design, manufacture, use, or misuse of the Guide, even if such claims, demands, actions, causes of action, damages, losses, expenses, or liabilities are caused by the negligence, sole negligence, or strict liability of any of the Released Parties.

Indemnification: The End User agrees to indemnify, defend, and hold harmless the Released Parties from and against any and all claims, demands, actions, causes of action, damages, losses, expenses (including reasonable attorneys' fees and costs), and liabilities of any kind or nature whatsoever arising out of or in any way connected with the End User's use or misuse of the Guide, the End User's treatment plans, diagnoses, or surgical procedures, or any breach of this Waiver by the End User.

Responsibility for Treatment Plan: The End User acknowledges and agrees that they are solely responsible for the accuracy and appropriateness of the treatment plan provided to Oco Biomedical for the creation of the Guide. Oco Biomedical bears no responsibility for errors or omissions in the End User's treatment plan.

Proper Use and Handling: The End User agrees to use and handle the Guide in a careful and appropriate manner, following all applicable professional standards and guidelines.

Governing Law: This Waiver shall be governed by and construed in accordance with the laws of the State of New Mexico, without regard to its conflict of laws principles.

Severability: If any provision of this Waiver is held to be invalid or unenforceable, the remaining provisions shall nevertheless continue in full force and effect.

Entire Agreement: This Waiver constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior or contemporaneous communications and proposals, whether oral or written.

BY USING THE OCO BIOMEDICAL DENTAL IMPLANT SURGICAL GUIDE, THE END USER ACKNOWLEDGES THAT THEY HAVE CAREFULLY READ AND UNDERSTAND THIS LIABILITY WAIVER AND VOLUNTARILY AGREE TO BE BOUND BY ITS TERMS.

Initial _____

Consent

I Understand my clinical obligations as per the terms and conditions, and that I, the Clinician, am solely responsible for approval of the plan and the clinical outcome for the patient.

Name _____ **Signed** _____ **Date** _____

Name _____ **Signed** _____ **Date** _____

***Upon submitting this form you are subject to charges related to planning and design. This applies to fully guided + plan option.**

***For OCO Biomedical Inc. Internal Use Only**

Date Received By OCO Biomedical _____

STL Files Received

DCM File Received

STL Checked For Completeness

Surgical Plan Created/Reviewed By Clinical _____

Signed By Clinical

Checked By _____ **Date** _____

CheckFit: Design STL&CBCT Yes No

Checked By _____ **Date** _____