



## Treatment Planning / Surgical Guide Agreement & Disclaimer

360imaging, Inc. is a world leader in the implant planning and surgical guide industry. Oral Arts is pleased to partner with 360imaging in offering dental implant planning and surgical guides for your practice and patients. The information provided to you is based solely upon data furnished by you and your practice. 360imaging and Oral Arts has no control over, or ability to verify the accuracy of the information provided to us by you and your practice, nor do we have the ability to monitor any changed conditions that have occurred with the patient since the data was provided to 360imaging and Oral Arts. Under these circumstances, you (the doctor) and / or the practice, have the full and final responsibility to exercise independent professional judgment concerning all risk assessment factors related to the case and verify the suitability of any dental implant placement and location for the patient. Prior to using the products and services provided to you by 360imaging and Oral Arts, you assume the responsibility to review and verify the accuracy of the scan provided to 360imaging and Oral Arts, which are used to develop the specifications for fabrication of the surgical guide for your patient. 360imaging and Oral Arts disclaims any and all express and implied warranties, including warranties or merchantability and fitness for purpose concerning the location of any dental implants. If you agree to the above terms and conditions, please indicate so by signing your name below, which shall constitute your legal signature for purposes of this Treatment Planning / Surgical Guide Agreement & Disclaimer.

**I CERTIFY I HAVE READ AND FULLY UNDERSTAND THE TERMS AND WORDS WITHIN THIS DOCUMENT AND THE EXPLANATIONS REFERRED TO OR IMPLIED, AND THAT AFTER THOROUGH DELIBERATION, I GIVE MY CONSENT FOR THE PRODUCTION OF THE SURGICAL GUIDE RELATED TO THE PLACEMENT OF DENTAL IMPLANT(S) AS PRESENTED TO ME DURING THE CONSULTATION AND TREATMENT PLAN PRESENTATION BY 360IMAGING AND THEIR STAFF OR AS DESCRIBED IN THIS DOCUMENT.**

**Patient Name** \_\_\_\_\_  
*(Please Print)*

**Order Number** \_\_\_\_\_

**Doctor Name** \_\_\_\_\_  
*(Please Print)*

\_\_\_\_\_  
*Signature of Doctor*

**Name of Practice:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Send completed form via email to [implants@oralartsdental.com](mailto:implants@oralartsdental.com).**