

Scan Body Order Form

Account Number _____
 Address _____
 Phone Number _____
 Dentist _____
 Email _____

Please select order type:

- Starter Kit - Total Scan Bodies ordered must equal 6**
 Includes autoclavable container.
- Individual Scan Body/s**
- Autoclavable container**

| Brand | System | Platform | Code | Please tick | | | | |
|----------------|-------------------------|---------------|----------------|-------------|---------|---------|--------|--|
| 3i Biomet | Certain | ● 3,4 | BC 3.4 | | | | | |
| | | ● 4,1 | BC 4/5 | | | | | |
| | | ● 5,0 | BC4/5 | | | | | |
| | External Hex | ● 3,4 | BO 3.4 | | | | | |
| | | ● 4,1 | BO 4/5 | | | | | |
| | | ● 5,0 | BO 4/5 | | | | | |
| Camlog | Camlog | | 3,3 | CC 3.3 | | | | |
| | | ● | 3,8 | CC 3.8 | | | | |
| | | ● | 4,3 | CC 4.3 | | | | |
| | | ● | 5,0 | CC 5.0 | | | | |
| Dentsply | AstraTech Osseo Speed | ● | 3,0 | DA 3.0 | | | | |
| | | ● | 3.5/4.0 | DA 3.5 | | | | |
| | | ● | 4.5/5.0 | DA 4.5 | | | | |
| | UniAbutment | | 20° | DAU 20 | | | | |
| | | | 45° | DAU 45 | | | | |
| | AstraTech EV | ● | 3,6 | DV 3.6 | | | | |
| | | ● | 4,2 | DV 4.2 | | | | |
| | | ● | 4,8 | DV 4.8 | | | | |
| | Frialit/XIVE | | 3,4 | DV 3.4 | | | | |
| | | ● | 3,8 | DX 3.8 | | | | |
| | | ● | 4,5 | DX 4.5 | | | | |
| | | ● | 5,5 | DX 5.5 | | | | |
| Ankylos | | C/X | DY C/X | | | | | |
| Implant direct | Legacy | ● | 3.5 | ZT 3.5 | | | | |
| | | ● | 4.5 | ZT 4.5 | | | | |
| | | ● | 5.7 | ZT 5.7 | | | | |
| | Inter Activ Swish Activ | ● | 3.0 | NA NP | | | | |
| | | ● | 3.4 | NA RP | | | | |
| | Replant | ● | 3.5 | NR NP | | | | |
| | | ● | 4.3 | NR RP | | | | |
| | | ● | 5.0 | NR WP | | | | |
| | | ● | 6.0 | NR 6.0 | | | | |
| | SwishPlus | ● | 4.8 | ST RN | | | | |
| ● | | 6.5 | ST WN | | | | | |
| Megagen | Anyridge | | - | MA | | | | |
| | | ● | V3 | NP | MIC VNP | | | |
| | | ● | C1 | NP | MIC CNP | | | |
| | | ● | C1/V3 | SP | MIC SP | | | |
| | | ● | C1 | WP | MIC WP | | | |
| | | ● | Multi unit | | 4,8 | MIU 4.8 | | |
| | | Seven | ● | | NP | MIS NP | | |
| | | | ● | | SP | MIS SP | | |
| | | | ● | | WP | MIS WP | | |
| | | Nobel Biocare | Replace | ● | | NP | NR NP | |
| | | | | ● | | RP | NR RP | |
| | | | | ● | | WP | NR WP | |
| | | | | ● | | 6,0 | NR 6.0 | |
| | | | | | | 3,0 | NA 3.0 | |
| | | | Active/Conical | ● | | NP | NA NP | |
| | | | | ● | | RP | NA RP | |
| | | | | ● | | WP | NA WP | |
| | | | Branemark | | | NP | NB NP | |
| | | | | | | RP | NB RP | |
| | | | | | | WP | NU WP | |
| | | | MUA | | | RP | NU RP | |
| | | | | | | WP | NU WP | |
| Osstem | TS | | ● | Mini | OT 3.5 | | | |
| | | | ● | Regular | OT 4.5 | | | |
| Straumann | Tissue Level | | NNC | ST NNC | | | | |
| | | ● | RN | ST RN | | | | |
| | ● | WN | ST WN | | | | | |
| | 1.5 Abutment | | | RN | STU RN | | | |
| | | ● | | NC | SB NC | | | |
| | Bone Level | ● | | RC | SB RC | | | |
| ● | | | 3,5 | ZT 3.5 | | | | |
| Zimmer | Tapered Screw-Vent | ● | | 4,5 | ZT 4.5 | | | |
| | | ● | | 5,7 | ZT 7.5 | | | |

If your implant system is not listed, please contact us on **02 8062 9800** or info@scdlab.com

By submitting this form you agree to the terms and conditions, which can be found on our website scdlab.com

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