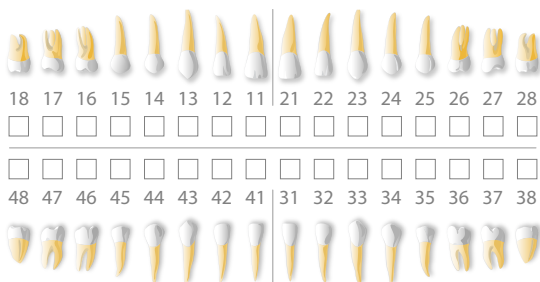


New Request for Service / Product

Full Name _____ Company / Business ID _____

Email _____ Country _____

Address _____ Phone _____

Patient First Name		Patient Last Name	
Requested Products	<input type="checkbox"/> Pilot Surgical Guide <input type="checkbox"/> Abutment <input type="checkbox"/> Custom Healing Abutment <input type="checkbox"/> Provisional Restoration <input type="checkbox"/> I Also need Implants		
Paltop Implant Line	<input type="checkbox"/> Advanced <input type="checkbox"/> Conical PCA		
Treatment Plan <small>Please include instructions for the treatment plan, including: teeth to be extracted, implant positions, will bone grafting be done e.g sinus grafting, osteotome for ridge expansion/sinus, guided bone regeneration, block grafts, etc restoration design including: screw retained or cementable, individual units/splinted segments (number of segment desired and teeth to be included in each segment)</small>			
Implant Position			Shade of Restoration:
			Additional Information:
Type of Restoration <small>To Aid in positioning of the implant please choose</small>	Overdenture: <input type="checkbox"/> Individual Attachments <input type="checkbox"/> Bar	Fixed Restoration: <input type="checkbox"/> Screw Retained - individual crown - Direct (Ti base) <input type="checkbox"/> Screw Retained - individual crown - Temp Ti abutment <input type="checkbox"/> Screw Retained - individual crown - Single unit <input type="checkbox"/> Screw Retained - Fixed Bridge - Direct (Ti base) <input type="checkbox"/> Screw Retained - Fixed Bridge - Temp Ti abutments <input type="checkbox"/> Screw Retained - Fixed Bridge - Multi-unit <input type="checkbox"/> Cementable - individual crown - Peek abutment <input type="checkbox"/> Cementable - individual crown - Prefabricated Ti abutment <input type="checkbox"/> Cementable - individual crown - Custom abutment <input type="checkbox"/> Cementable - Fixed Bridge - Peek abutments <input type="checkbox"/> Cementable - Fixed Bridge - Prefabricated Ti abutments <input type="checkbox"/> Cementable - Fixed Bridge - Custom abutments	Other:
CBCT Please send unprocessed raw dicom File to: PDS@paltopdental.com		Oral Scan Please send scans of both full Arches with Articulation to: PDS@paltopdental.com / Send model to: Paltop, Hashita 5, P.O.B 3568, Industrial Park Caesarea, 30889, Israel	
Surgery Date:		Shipping Address:	
Contact Details: Please provide other contact details / phone number and best time for treatment planning instruction / review		I agree to the terms of use, for the above product/service request <div style="display: flex; justify-content: space-between;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div>Date</div> </div>	

SURGICAL GUIDE AND INDIVIDUAL ABUTMENT AGREEMENT

THIS SURGICAL GUIDE AND INDIVIDUAL ABUTMENT AGREEMENT ("Agreement") will be valid from the day of Customer's approval of this Agreement by and between the Customer and PALTOP ADVANCED DENTAL SOLUTIONS LTD, an Israeli corporation of Hashita 5, Industrial Park, Caesarea 3088900 Israel ("Company" or "Paltop").

Recitals

WHEREAS, the Company provides a surgical guide and/or individual abutment to its customers for a variety of dental and oral surgeries ("**Individual Products**") and provides a digital plan for the Individual Products ("**Plan**"); and

WHEREAS, the Customer desires to engage the Company for the supply of Individual Products and Plans and the Company desires to provide the Customer Individual Products and Plans pursuant to the terms herein; and

NOW THEREFORE, in consideration of the above recitals and the covenants and promises hereinafter set forth, Company and Customer agree as follows:

1. **SURGICAL GUIDE.** The Customer will provide the Company digital image data and DICOM data of the patient (the "**Surgical Guide Data**"). From the Surgical Guide Data, the Company will prepare a preliminary virtual surgery for the Customer. The preliminary virtual surgery will be reviewed, modified and approved by the Customer. Upon the Customer's approval and submission of the work authorization for each patient, the Company will obtain or manufacture the requested Surgical Guide and/or the requested Surgical Plan. It is the sole responsibility of the Customer to inspect and approve the Surgical Guide and Surgical Plan.

2. **INDIVIDUAL ABUTMENT.** The Customer will provide the Company digital image data of the patient (the "**Individual Abutment Data**"). From the Individual Abutment Data, the Company will prepare a preliminary virtual Abutment for the Customer. The preliminary virtual abutment will be reviewed, modified and approved by the Customer. Upon the Customer's approval and submission of the work authorization for each patient, the Company will obtain or manufacture the requested Individual Abutment and/or the requested Individual abutment Plan. It is the sole responsibility of the Customer to inspect and approve the Individual Abutment and Individual Abutment Plan.

3. **CUSTOMER REPRESENTATIONS - SURGICAL GUIDE.** The Customer represents that he or she is a licensed dental professional qualified to (1) order the Surgical Guide Data and review it for accuracy, (2) review and approve the Surgical Plan, and (3) to perform the dental procedures outlined in the Surgical Plan and/or to use the Surgical Guide.

4. **CUSTOMER REPRESENTATIONS - INDIVIDUAL ABUTMENT.** If the Customer is the end user dentist, the Customer represents that he or she is a licensed dental professional qualified to (1) order the Individual Abutment Data and review it for accuracy, (2) review and approve the Individual Abutment plan, and (3) to perform the dental procedures with the Individual Abutment. If the Customer is not the end user dentist, the Customer represents that (1) it is qualified to order the Individual Abutment Data, Individual Abutment and Individual Abutment Plan and to review and approve them for accuracy and (2) that the end user dentist is a licensed dental professional qualified to review and approve the Individual Abutment and/or Individual Abutment Plan and to perform the dental procedures with the Individual Abutment.

5. **CUSTOMER REPRESENTS.** That any Plan or Individual Products ordered or used is done so at the Customer's sole request and specifications. The Customer agrees to take full medical responsibility and to assume full liability for any kind whatsoever for the design and the application of the Surgical Plan and Surgical Guide. Customer represents that it is solely responsible for inspecting and approving the Individual Products and Plan and any requested changes thereto.

6. **DISCLAIMER OF WARRANTIES.** Company has not made and does not make any warranty or representation whatsoever, either expressed or implied, as to the fitness, condition, merchantability, design or operation of the plan or the individual products or its fitness for any particular purpose. Company shall not be liable to Customer and/or the end-user for any loss, damage, or expense of any kind or nature caused, directly or indirectly, by the Plan or Individual Products or the use thereof or the failure or operation thereof.

7. **DISCLAIMER AND LIMITATION OF LIABILITY.**

Customer agrees and undertakes:

a. That neither Company nor its directors, officers, shareholders, partners, agents or employees (collectively, "**Representatives**") is an insurer;

b. That Customer currently has and shall always maintain insurance covering the Customer for use of the Individual Products and Plan;

c. That recovery for all such loss, damage and expense shall be limited to any such insurance coverage held by Customer only;

d. That the Company and Representatives are released from all liability, including consequential and incidental damages, due to active or passive sole, joint or several negligence of any kind or degree, breach of contract, express or implied, breach of warranty, express or implied, or by loss or damage resulting from the Individual Products and/or the Plan.

8. **INDEMNIFICATION.** If Company and/or Representatives are required to pay for any loss, damage or expense related to the Individual Products and/or the plan (including economic losses, property damage, personal injury or death) due to (1) breach of contract or warranty, express or implied, (2) active or passive sole, joint or several negligence of any kind or degree by company or representatives, (3) product or strict liability, or (4) a claim for indemnification or contribution, and/or (5) any other claim whatsoever resulting from the Individual Products and/or the Plan, including without limitation attorney's fees, which may be asserted against or incurred by Company or Representatives (all, collectively, the "**Losses**"), Customer agrees to pay (without any condition that Company or Representatives first pay) for all Losses, upon Company's first demand.

9. **GORVERNING LAW; DISPUTE RESOLUTION.** This Agreement shall be governed by and construed according to the laws of the State of Israel, without regard to the conflict of laws provision thereof. Any claim arising under or in connection with this Agreement shall be resolved exclusively by the appropriate court in Tel-Aviv, Israel. Each of the Parties hereby irrevocably consents to the exclusive jurisdiction of such courts and waives and agrees not to assert any objection to the jurisdiction or convenience thereof.