

Implant Rx

DR. _____

PATIENT NAME _____

IMPLANT BRAND _____

IMPLANT SIZE _____

LAB USE
PAN NO. _____

CASE NEEDED
DATE: _____
TIME: _____

MALE / FEMALE

AGE _____

DIAGNOSTIC WAX-UP

IMPLANT ABUTMENT CHOICE

- Titanium
- Zirconia
- Custom Cast

GINGIVAL MARGIN PLACEMENT

- Supragingival
- Subgingival
 - 0.5mm 1.0mm
 - 2.0mm 3.0mm

TISSUE BLANCHING

- Minimal
- Moderate
- Aggressive

CROWN AND BRIDGE

- Cement Retained
- Screw Retained

C&B UNDERSTRUCTURE

- Zirconia
- High Palladium
- Other: _____

OCCUSAL / LINGUALS

- Metal
- Porcelain

GINGIVAL METAL COLLAR

- Yes No

CUSTOM TRAY

- Open Tray
- Closed Tray

BITE RIM

- Standard
- Screw Retained

RPD

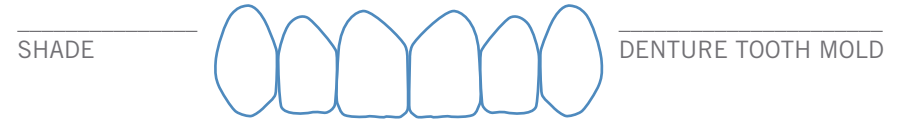
- CT Guide
- Surgical Guide
- Removable Denture
- Fixed/Detachable Denture
- Cast Framework
- Wax Try-In
- Finish

GINGIVAL EMBRASSURES

- Open
- Closed

PONTIC DESIGN

- Partial Ridge
- Ovate
- Other: _____



PREP SHADE _____

- Bis-Bake
- Glazed Porcelain
- Frame Try-In

Instructions:

Doctor's Signature _____

CALL DOCTOR FOR MORE INSTRUCTIONS

PLEASE SEND: Mailing Boxes Rx Forms FedEx Billable Stamps

INFORMATION ENCLOSED

- Diagnostic Wax-Up Study Model X-Rays
- Diagnostic Set-Up Photographs Shade Guide
- Implant Parts Enclosed: _____

INCOMING

LAB USE: Shade Guide_____ Tray_____ Art_____

Models_____ Dies_____ Crowns_____ Bridges_____ Bite Rim_____ F/F

Soft Tissue_____ Healing Caps_____ Stent_____ OVL_____ P/P

Abutments_____ Screws_____ Implant Replicas/Analogies_____ Bite_____

Plastic Sleeves_____ Gold Cylinders_____ Impression Post/Pins_____

OUTGOING

LAB USE: Shade Guide_____ Tray_____ Art_____

Models_____ Dies_____ Crowns_____ Bridges_____ Bite Rim_____ F/F

Soft Tissue_____ Healing Caps_____ Stent_____ OVL_____ P/P

Abutments_____ Screws_____ Implant Replicas/Analogies_____ Bite_____

Plastic Sleeves_____ Gold Cylinders_____ Impression Post/Pins_____