

Implant Rx

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

Implant Information

Implant Manufacturer & System _____

Implant REF # _____

Implant Size _____ x _____ mm

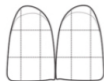
Healing Abutment REF # _____
(if applicable)

Components Included:

- Impression Coping
- Analog or Replica
- Abutment

Crown Design

Characterizations



Tooth # _____

Tooth Shade _____
(REQUIRED)

Ceramic

- Solid Full Zirconia
- Translucent Full Zirconia
- Layered Zirconia (PFZ)
- IPS e.max* *Not recommended w/
titanium abutment
- Lithium Disilicate*

Metal

- High Noble
(White)*
- High Noble
(Yellow)
- Semi-precious
- Non-precious

CASE INSTRUCTIONS

Restoration Preference

- Cement-retained
- Screw-retained
- Screwmentable
- Stock Abutment
- Custom Abutment

Please provide report from periodontist/oral surgeon with case.
This may include information about healing caps and/or abutments.