Implants Rx



DECLIIDED INICODMATION

REQUIRED IN CRITATION
Doctor Name
Practice Name
Address
Phone
Patient Name
Patient Chart #
Rx Date Due Date/Delivery on
CEMENT RETAINED ABUTMENT TYPE
□ Custom Titanium Abutment □ Custom Zirconia Abutment

Design

- ☐ L 0.5mm
- ☐ D 0.5mm
- ☐ M 0.5mm





Emergence Profile

☐ Follow tissue (no expansion)



☐ Contour design (expand tissue by 0.5mm)

☐ Anatomical

(fully expand tissue)

SCREW RETAINED

cement retained if not possible	regardless of access hole position				
☐ Zirconia Solid (Posterior default)	☐ PFM				
☐ Solid Lingual (Anterior default)	☐ Full cast crown				
Emergence Profile					
☐ Push tissue by 0.5mm	☐ Anatomical design				
☐ Ridge lap on buccal					

CASE INSTRUCTIONS

Please CIRCLE single units and BRACKET splinted units

1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	Ţ	24	23	22	21	20	19	18	17

Metal Restoration

- ☐ White HN* ☐ Crown ☐ Yellow HN
- ☐ Semi-precious Return for ☐ Non-precious ☐ Die trim
- Zirconia / All Ceramic ☐ Bisque ☐ Zirconia Solid ☐ Metal try-in
- ☐ Zirconia Layered ☐ Finish* ☐ IPS e.max

MARGIN DESIGN

Please circle your choice(s) of margin combination

Metal collar 360°



All porcelain shoulder 360°

☐ Lithium Disillicate*







(Traditional)

Show no metal 360°



Zirconia occlusal

☐ Bridge



porcelain shoulder 180° **CROWN DESIGN**

Characterizations Tooth Shade (REQUIRED)

Pontic Design







☐ Heavy

If Insufficient Room

\square Trim opposing*	☐ Call	\square Reduction coping				
☐ Metal occlusal	☐ Metal island	☐ Metal	☐ Resin			
Occlusal Clearance	☐ Light*	☐ Open	□ Tight			
Contact	☐ Light*	☐ Medium	☐ Heav			

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case Email photos to: www.Luxurydentallab.com

Dentist signature**	
Dentist license no.	

*Standard design if an option is not selected



Implant

Diameter

To be included

☐ Lab analog ☐ Impression coping

☐ Abutment

☐ Others