DentUSA Laboratory

Case #	_____	Patient Name	_____	Ship Out Date	__ / __ / 20
Doctor Name	_____	Office Location	_____	Case Due Date	__ / __ / 20

Abutment Type

☐ **Cement-Retained Restoration**
- ○ Co/Cr Cast
- ○ Co/Cr W/Ti-Base
- ○ Zr W/ Ti-Base
- ○ Co/Cr UCLA Cast
- ○ Precious Alloy w/Ti-Base

☐ **Screw-Retained Restorations**
- ○ Co/Cr Cast
- ○ Co/Cr W/Ti-Base
- ○ Zr W/ Ti-Base
- ○ Co/Cr UCLA Cast
- ○ Precious Alloy w/Ti-Base

PARALLEL ABUTMENTS

☐ **Yes**
(Indicate which abutments will have restorations splinted together for insertion)
_____

☐ **No**

ABUTMENT MARGIN DEPTH

Facial | Mesial
Lingual | Distal

If left blank, default values will be used
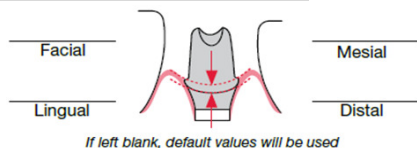
ABUTMENT MARGIN DESIGN

☐ Shoulder for all-ceramic*   ☐ Chamfer for PFM/FC*

Abutment Emergence Profile

☐ **Surgical Placement**   ☐ **Tissue Displacement***   ☐ **Surgical Placement**

Restoration Type

PFM   ☐ **Try-In**   ☐ **Finish**
- ☐ **NP**
  - ○ Ni/Co   ○ Cr/Co
- ☐ **Captek**
- ☐ **Noble**
  - ○ Yellow   ○ White
- ☐ **High Noble**
  - ○ Yellow   ○ White

Zirconia   ☐ **Try-In**   ☐ **Finish**
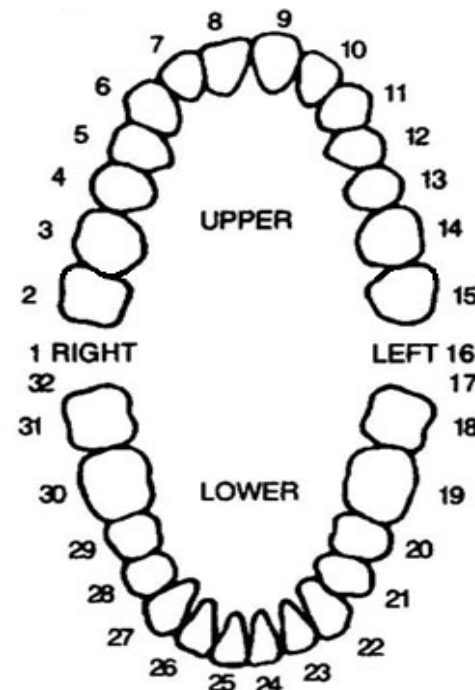- ☐ **Zirconia**
- ☐ **Zirconia Full Contour**

Design Type

PONTIC DESIGN

MARGIN AND METAL DESIGN

Labial Butt | 360° Butt | Junction | Junction

Standard unless specified otherwise

Tooth chart: UPPER 1-16, LOWER 17-32, RIGHT / LEFT

RX

Single/Splinted/Bridge (Please Circle)   Unit # [_____]   **Shade**   Unit # [_____]   **Implant System** [_____]

Enclose Part   Analog ____   Screw ____   Impression Coping ____   Abutment ____   Screw Driver ____   Others _____

Additional Instruction