

Implant RX

Step 1 Doctor & Patient Information					
Date Sent / /	Date Due / /				
Doctor					
Address					
City S	tZipcode				
Patient Name	Age				
Request Additional RX Order	Forms or Download from Website				
Step 2 Restoration Type & Sha	de				
Full Zirconia Zirconia HT Porcelin Fused to Zirconia Facial Cut Back	emax Crown emax Veneer PFM Porcelain Fused to Metal Full Gold 58% 02%				
Shade Desired	Anteriors, please include photos or schedule custom shade				
Step 3 Special Instructions					
Notes Call for specific instructions					
Doctor Signature					
Return time is three weeks. Please call for rush: 541-779-6503					

Implant Info

implant imo					
Step 4 Implant Platform Specifi	cs				
Implant Brand	Тур	ре	Size		
Implant Restorative Type					
Option 1: Cement Retained	Option 2: Screw Retained				
Custom Titanium Abutment○ Authentic○ 3rd Party○ Custom Zirconia Abutment	 Screw Retained Hybrid Crown Titanium Base Straight Titanium Base (ASC) Angulated Screw Channel Zirconia ASC - Nobel, Straumann, 3I Non-authentic - Many more UCLA Castable w/ Porcelain Custom Screwmentable (Cemented Chairside) 				
O Authentic O Ti-base					
Abutment Margin Depth Facial Lingual Distal					
If left blank, default values will be used Emergence: Natural Mushroom	O Cu	stom Screw	mentable (Cemente	d in Lab)
Implant Case - Checklist 1) Completed RX including Imples Brand, Type, & Size 2) Impression including: 3) Impression Copings 4) Lab Analogs 5) Opposing 6) Bite Registration *If anterior, please include a study model and photo 7) Scanned- x-ray of seated scar and completed digital RX		2 1 R	5 6 7 8 4 3 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9 10 11 12 12 12 12 12 12 12 12 12 12 12 12	15 L 17
Case thoughts, concerns, GOAL			$\frac{2}{31}$ $\frac{30}{29}$ $\frac{26}{29}$ $\frac{25}{29}$	24 / 20 24 / 20	18