



Dr. _____ Office _____

Address: _____

Patient: M / F • First _____ Last _____

Shades: Tooth _____ Gingiva _____

Return Date / / Surgery Date / /

Dr. Preferences :

Authentic Parts Only • Non-OEM ok

Custom Abutment Emergence :

Tissue Compression • No Compression • Custom Healing

Pontic Sites : Modified Ridgelap • Ovate • Hygienic

Surgical Guides

Implant Sites:

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

Implant Brand/Size _____

Surgical Guide: Fully Guided (Stackable)
Tooth Borne • Bone Borne

Request conversion or Rescue Denture

Fixed Hybrid Restorations

Multi Units : 4.6 SRA • 4.8 MUA

PMMA Try-in

Final Restoration :

Monolithic Zirconia
OR

Substructure - Titanium Bar

Overstructure - Zirconia or PMMA

Implant Crown and Bridge

Restoration Sites:

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

Implant Platforms _____

Digital Scan Flags used _____

Splint sites _____

Ti-Base • Angled Screw Channel

Custom Abutment:

Cement Retained

Screw Retained • Angled Screw Channel

Cement In Lab

Office to Cement (Screwmentable)

Restoration Material:

Zirconia

PMMA Temporary

Case Notes:

Signature _____ Date / / License # _____ State _____

