

Order Form



Lab Name: _____ Phone #: _____

Address/Email: _____

Acct. #: _____ Patient Name: _____
First Last

Enclosed with case: Models Bite Photos Other: _____

Signature: _____ Date: _____

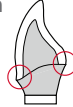

I verify that a signed prescription from a licensed dentist is on file for the restoration.

Tooth Number (UNN)	Implant System (ex: Nobel, Zimmer, Straumann)	Implant Platform Ø (ex: Np, 4.5, RC)	Type		Shade
			Titanium	Hybrid (Ti-base + Zirconia)	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Parallel Abutments * Default

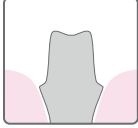
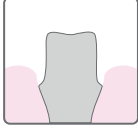
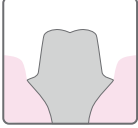
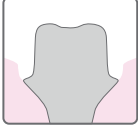
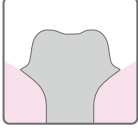
No * Yes (indicate which abutments will have restorations splinted together for insertion)

Abutment Margin Design

Shoulder for all-ceramic  Chamfer for PFM/BruxZir 

Abutment Emergence Profile / Margin

* Default Unless Specified

Tooth Number	 No Tissue Displacement	 Support Tissue	 Contour Tissue*	 Full Anatomical	 Anatomical Support	Buccal/Facial -1.0 mm*	Distal -0.75 mm*	Mesial -0.75 mm*	Lingual -0.5 mm*
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Additional request / Instructions (Please use the back if you need more space)