

## Implant Case Rx Form

20A Del Carmine, Wakefield, MA, 01880

Toll Free 800-884-3056 Fax 781-213-3444

Local 781-213-3434

Email: info@arcaridentalab.com

Doctor's Account # \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Dr. \_\_\_\_\_ Please Write Clearly

Patient \_\_\_\_\_ First Name / \_\_\_\_\_ Last Name

Date Due In Office \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**PLEASE SEND:**

Rx forms  Boxes  Mailing labels

**ENCLOSURES** (Lab use only)

Photo(s)  Impression  
 Analog  Bite  
 Models  Shade tab  
 Implant parts  Other

**ABUTMENT SELECTION**

CAD/CAM (Atlantis, Encode, Nobel Procera, etc.)

Material:  Titanium  Gold Hue  Zirconia

Stock Titanium

Stock Zirconia

UCLA Custom Abutment

UCLA Custom Abutment with tooth colored porcelain outer surface

**ABUTMENT MARGIN DEPTH** (Subgingivally)

Default values will be used, if not specified.

Mesial \_\_\_\_\_ (Default is 1.3 mm\*)

Distal \_\_\_\_\_ (Default is 1.0 mm\*)

Lingual \_\_\_\_\_ (Default is even with tissue\*)

Buccal/Facial \_\_\_\_\_ (Default is 1.5 mm\*)

**ABUTMENT TRANSFER INDEX** (always provided with zirconia abutments)

Provide abutment transfer index with this case

Do not provide an abutment transfer index

**PROVISIONALIZATION**

Provide custom abutment and anatomical provisional

Provide Essex Bridge (Back-filled, suck-down type bridge from diagnostic wax-up)

Provide immediate placement screw-retained provisional crown

Provide immediate placement screw-retained custom healing abutment

**SOFT TISSUE GRAFT**

No graft planned

Site has been grafted (Expect \_\_\_\_\_ mm recession)

**IMPLANT PORCELAIN CONTOUR**



Hygienic



Natural Emergence



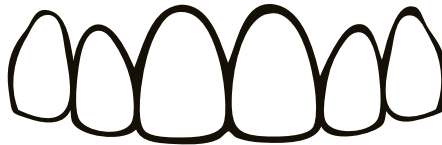
1/2 Pontic Ridge Lap

**GINGIVAL COUNTOUR OF ABUTMENTS/CROWNS**

No blanching of soft tissue

Blanching (Tissue returning to normal within 5 mins)

Natural emergence width (Doctor will sculpt tissue or use a releasing incision)



**SHADE INSTRUCTIONS**

Vita-Lumin: \_\_\_\_\_

Noritake: \_\_\_\_\_

Vita-3D: \_\_\_\_\_

**STENT/TEMPLATE, POLISHED CLEAR ACRYLIC FROM DIAGNOSTIC WAX-UP**

**Radiographic Stent**

Fill 2.0mm pilot hole with barium sulfate/silicone mixture

Place radiographic opaque tooth at proposed implant site

Place radiographic markers for CBCT

**Surgical Stent**

Undrilled

Provide ideal placement 2.0mm pilot holes.

Retain only the buccal / lingual (circle one) at implant site

Bone graft clear suck-down stent from diagnostic wax-up of ideal ridge

**DOCTOR'S COMPONENTS SENT WITH CASE**

Please indicate quantity

\_\_\_\_\_ Impression coping w/screw \_\_\_\_\_ Waxing sleeves

\_\_\_\_\_ Analog \_\_\_\_\_ Drivers

\_\_\_\_\_ Abutments \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Abutments screws

**TYPE OF RESTORATION**

PFM- White high-noble

Katana ML™

PFM- Semi-precious\*

Zirlux 16®

Captek™

IPS e.max®

Full-cast yellow high-noble

BruxZir 16®

Full-cast yellow semi-precious

Metal try-in

**TYPE OF FINAL RESTORATION**

Cement-retained crown and bridge

Screw-retained crown and bridge with occlusal access holes

to be cemented in lab

Overdenture

**CLINICAL CHECKLIST**

Implant manufacturer and type \_\_\_\_\_

Platform size \_\_\_\_\_ length \_\_\_\_\_

PA or bite wing

Surgeon's letter

Provisional shade \_\_\_\_\_

**RX** **SPECIFIC INSTRUCTIONS**  
\* Standard unless specified

Signature: \_\_\_\_\_

License #: \_\_\_\_\_