

Implant Case Rx Form

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Email: info@val-u-dent.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)

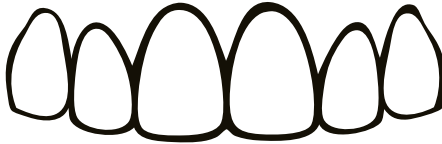
IMPLANT PORCELAIN CONTOUR



- 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 #: _____