

# Implants Rx



## REQUIRED INFORMATION

Doctor Name .....

Address ..... Phone .....

Email .....

Patient Name ..... Age .....  M  F.....

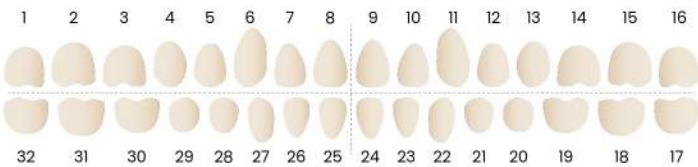
Rx Date ..... Due Date/Delivery on .....

## SCREW RETAINED

- Screw retained - change to cement retained if not possible
- Zirconia Solid (Posterior default)
- Solid Lingual (Anterior default)
- Emergence Profile
  - Push tissue by 0.5mm
  - Ridge lap on buccal
- Implant Type .....
- Diameter .....
- Screw retained - continue regardless of access hole position
- PFM
- Full cast crown
- Anatomical design
- To be included
  - Lab analog
  - Impression coping
  - Abutment
  - Others

## CASE INSTRUCTIONS

Please CIRCLE single units and BRACKET splinted units



### Metal

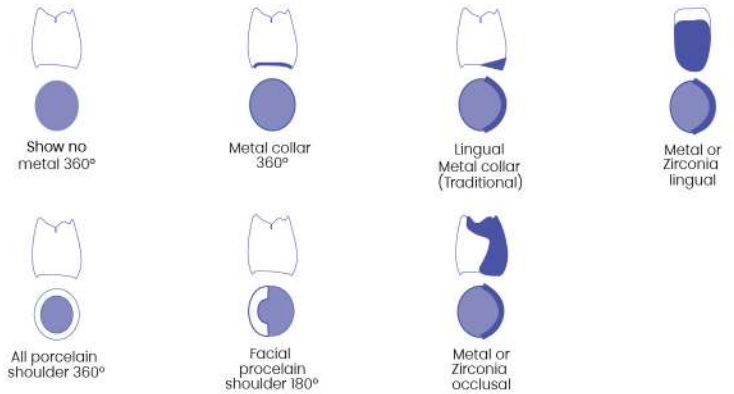
- White HN\*
- Yellow HN
- Semi-precious
- Non-precious
- Zirconia / All Ceramic
  - Zirconia Solid
  - Zirconia Layered
  - IPS e.max
  - Lithium Disilicate\*
- Restoration
  - Crown
  - Bridge
- Return for
  - Die trim
  - Bisque
  - Metal try-in
  - Finish\*

## CEMENT RETAINED ABUTMENT TYPE

- Custom Titanium Abutment
- Custom Zirconia Abutment
- Design
  - L - 0.5mm
  - B - 1mm
  - D - 0.5mm
  - M - 0.5mm
- Emergence Profile
  - Follow tissue (no expansion)
  - Contour design (expand tissue by 0.5mm)
  - Anatomical (fully expand tissue)

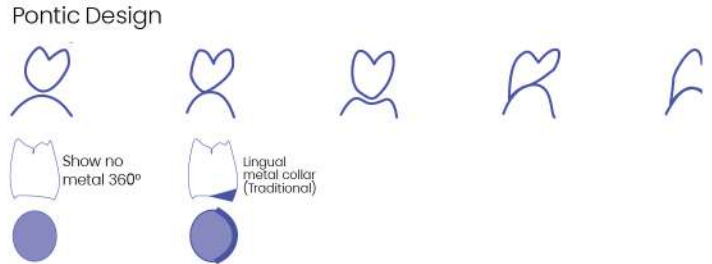
## MARGIN DESIGN

Please circle your choice(s) of margin combination



## CROWN DESIGN

Characterizations Pontic Design



- Trim opposing\*
- Occlusal Clearance
  - Light\*
  - Open
  - Tight
- Contact
  - Light\*
  - Medium
  - Heavy
- Reduction coping
- Call
- Resin

## INSTRUCTIONS

Please indicate Dr. & patient goals and photos, study models, diagnostic casts with case

Email photos to: [cs@xdentlab.com](mailto:cs@xdentlab.com)

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Dentist sign (REQUIRED) ..... Dentist license no. (REQUIRED) .....



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