

# Hybrid Denture RX

We are a certified Ivoclar laboratory "More than a denture"

**ATTN:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_

**Rx DATE:** \_\_\_\_\_ **Deliver by 5 p.m on:** \_\_\_\_\_

NOTE: If no due date assigned, we will default to the regular lab working times. "ASAP" does not qualify as a date

Dr. Last, First \_\_\_\_\_

Dr. Address \_\_\_\_\_ Patient Name \_\_\_\_\_

Dr. Phone \_\_\_\_\_ Sex: M or F Age: \_\_\_\_\_  
(Circle one)

Dr. Email \_\_\_\_\_ Patient Appt. \_\_\_/\_\_\_/\_\_\_ : \_\_\_:\_\_\_  
M / D / Y Hr : Min

Script has been reviewed for accuracy, legibility and completion. Impression has been reviewed before sending.

Person signing this accepts sole responsibility for payment and agrees to pay all legal fees and collection cost, in the event of a suit, including reasonable fees.

Signature of Dentist \_\_\_\_\_

### ENCLOSED

<b>Photo Communication:</b>	Full face	Profile	Repose	Rest	Intra oral
CD/USB	Images emailed: Photos@PetersonDentalLab.com			Sent w/ case	
<b>Enclosed w/ Case:</b>	Impression	<b>Alginate</b>	Models	Bite	Facebow
Impression transfers	Facebow	Abutment	Other _____		
<b>Desired Articulator:</b>	Brass Metal(standard)	Danar	Panadent	WhipMix	
Kavo Artex	Sent mounting plates	Other _____			

### SELECT RESTORATION

**Screw-Retained Restoration:**

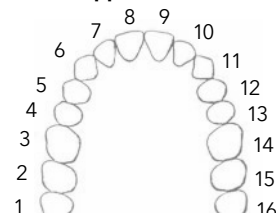
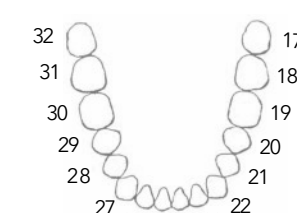
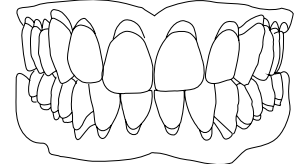
TBS™	Provisional: Laser Welded Titanium Bar w/ Acrylic & teeth
TBS™ LT	Transitional Appliance: Laser Welded Titanium Bar w/ Acrylic teeth (Long term 1-3 years in mouth. Strengthened bar, added retention)
PSR™	Milled Titanium Wraparound Bar w/ Acrylic & Teeth
Crystal™	Milled Full Zirconia Hybrid

**Over Denture Restoration:**

Hader™	Hader™ Bar w/ Hader™clips, ERA or VKS ball attachments
Locator™	Primary Bar w/ Locator™ or Equator™ abutments
Custom	Combination Primary Bar w/ locking pins, balls, etc.

**Implants:**

1. Brand _____	Diameter _____	Site _____
2. Brand _____	Diameter _____	Site _____
3. Brand _____	Diameter _____	Site _____
4. Brand _____	Diameter _____	Site _____
5. Brand _____	Diameter _____	Site _____
6. Brand _____	Diameter _____	Site _____

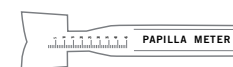
<b>Upper Arch</b> 	<b>Lower Arch</b> 	<b>Teeth and Flange Specifications</b> 
DISTANCE BETWEEN ANTERIOR AND POSTERIOR IMPLANTS: _____ mm UPPER AP SPREAD X 1.5: _____ mm		DISTANCE BETWEEN ANTERIOR AND POSTERIOR IMPLANTS: _____ mm LOWER AP SPREAD X 1.5: _____ mm

### FUNCTION & ESTHETICS

**Papilla meter:**

High Lip Line \_\_\_\_\_ mm

Low Lip Line \_\_\_\_\_ mm



**Shade:** \_\_\_\_\_

**Set-up:** Ideal \_\_\_\_\_ Copy study model \_\_\_\_\_  
 Characterized \_\_\_\_\_ Copy existing denture \_\_\_\_\_

**Quality:** Ivoclar™ Standard Teeth (IvoStar)  
 Ivoclar™ Premium (Ivoclar Phonares or Blue Line)  
(additional charges may apply)  
 Other \_\_\_\_\_ (additional charges may apply)

Call us for a **Clinical Hybrid Workflow**  
 Please specify what type of restoration.

\*\*\*Specify: implant brand, system and diameter  
 on RX under Instructions.

### PRODUCT or NEXT Work FLOW OPTION

**TBS OVERNIGHT PROVISIONAL** Send 1 week before surgery

TBS Phase 1 Diagnostic Set-up	(Pre-surgical)
TBS Phase 1 Shells & Abutment Guide	(Pre-surgical)
Additional bite shell w/ no holes (free)	
Vanity Denture (additional charges)	
TBS Phase 2 Laser Bar & Set-up	(Post-surgical)
TBS Phase 2 Laser Bar & Finish	(Post-surgical)

### FINAL RESTORATION

- Bite Rims
- Implant verification jig
- Set-up teeth
- Fabricate milled bar Only
- Fabricate milled bar w/ Set-up
- Fabricate over-denture frame
- Reset teeth
- Process & Finish

### MISCELLANEOUS

Custom Tray	Bite Block
Extra bite shell	Name on appliance

**Instructions:** Call me (scheduling questions) Call me (technical questions)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---