

Implant Rx

SELECT FINAL ABUTMENT

SELECT RESTORATION

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 with case: Impression Alginat Models Bite Photos
Impression transfers Facebow Abutment other _____

Teeth Numbers

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Characterization Chart

Posterior Occlusion

Stain Color _____

Stain Placement _____

Hypo-Calcification _____

Length of Centrals _____ mm

Anterior Occlusion

Translucency Intensity _____

Translucency Volume _____

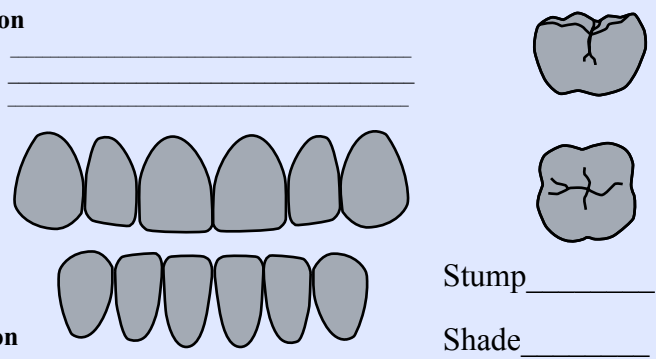
Lobing _____

Texturing _____

Stump _____

Shade _____

Smile Design _____



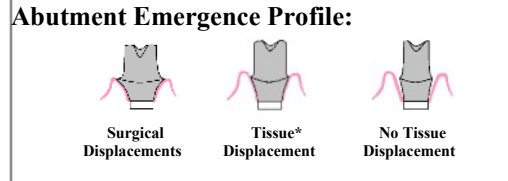
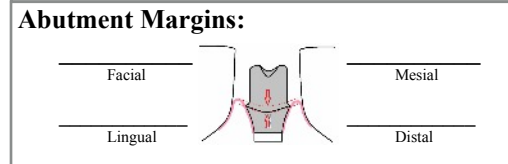
Abutment Type:

Titanium Abutment* Zirconia Abutment

Gold Abutment Zirconia w/ Ti-Base

Prepare existing abutment

Prefer OEM abutment. Refer to *Patient Specific Abutment* guide
No Preference*



All Inclusive

Zirconia Abutment & Crown

Nobel Biocare Straumann Cares BioMet 3i

Titanium Abutment & Crown

Nobel Biocare Straumann Cares BioMet 3i

Cement Retained Restorations:

PFZ* (porcelain to zirconia) PFM (Nobel)*

Crystal Bruxer (Full Zirconia) PFM (High Nobel)

IPS e.max (Monolithis) PFM (Base Alloy)

PMMA Temp

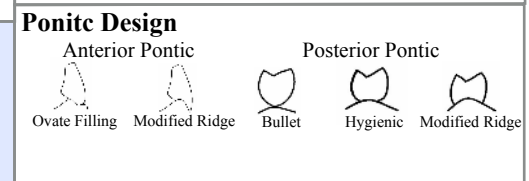
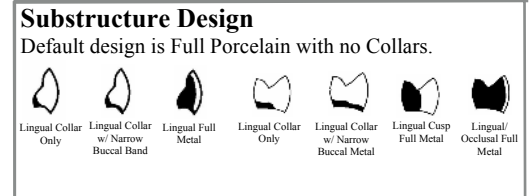
Screw-Retained Retention:

Crystal Bruxer (w/ Ti-base)* PFM Titanium

PFZ (w/ Ti-base) PFM Nobel

IPS e.max (w/ Ti-base) PFM (metal occlusal)

PMMA Temp(w/ Ti-Base)



If inadequate clearance:

Reduce Opposing* Call

Trim Coping Metal/ zirconia occlusal

Metal Try-In Bisque Try-In Finish*

Add Pink Porcelain

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

Instructions:

Call me (scheduling questions) _____

Call me (technical questions) _____

Sent photos to Photos@PetersonDentalLab.com
