

Step 1 - Dentist & Patient Information		Step 2- Product Selection																	
Today's Date _____ Due by 5:00 p.m. _____ (Standard working time if no date given) Dr. Name _____ (REQUIRED) Dr. Phone _____ Dr. Account _____ Email _____ Address _____ City _____ State _____ Zip _____ Patient _____ (REQUIRED) <input type="radio"/> Male <input type="radio"/> Female		Implant Information				Abutment Retention (REQUIRED)				Crown Material (REQUIRED)						Shade (REQUIRED)		Parts	
		Tooth # (REQUIRED)	Implant Manufacturer	Implant Connection	Platform Diameter	Screw Retained		Cement Retained*		PFZ*	FCZ Esthetic	FCZ	Ceramic	PMMA	Acetal	PFM (NP)	Tooth Shade	PDL*	OEM
						Ti Base	Ti Abut*	Ti Abut*	ZIR Abut										

Step 3 - Design Specifications	Step 4 - Additional Specifications
<p>Emergence Profile Preferred</p> <p><input type="radio"/> 1. Follow Model No tissue expansion</p> <p><input type="radio"/> 2. Expand less than 1mm*</p> <p><input type="radio"/> 3. Expand greater than 1mm (ideal root form) may require surgical placement</p> <p>Margin Placement</p> <p><input type="radio"/> A. 360° at Tissue Height</p> <p><input type="radio"/> B. 180° Facial 1.5mm Below Tissue Height. Lingual .5mm below Tissue*</p> <p><input type="radio"/> C. 360° 1.5 mm Below Tissue Height</p>	<p>COMMUNICATION</p> <p>Email Design Approval <input type="radio"/> Yes <input type="radio"/> No</p> <p>Call me (Technical) <input type="radio"/> Yes</p> <p>Call me (Customer Service) <input type="radio"/> Yes</p> <p>Completion <input type="radio"/> Complete* <input type="radio"/> Try-In Frame work <input type="radio"/> Try-In Device <input type="radio"/> Wax Up (prior to starting case)</p> <p>TECHNICAL</p> <p>Add Retentive Rings <input type="radio"/> Yes <input type="radio"/> No</p> <p>Anodize Abutments Gold <input type="radio"/> Yes* <input type="radio"/> No</p> <p>Occlusal Stain <input type="radio"/> None* <input type="radio"/> Light <input type="radio"/> Medium</p> <p>Limited Space <input type="radio"/> Adjust <input type="radio"/> Occlusal Island <input type="radio"/> Reduction Coping <input type="radio"/> Call</p> <p>Adjacent Contact <input type="radio"/> Pin Point <input type="radio"/> Firm <input type="radio"/> Light* <input type="radio"/> Tight</p> <p>Occlusal Clearance <input type="radio"/> Just Out (16μ paper, no marks) <input type="radio"/> Light (16μ paper, 1 dot)* <input type="radio"/> Other _____</p>

Special Instructions

**Standard design if an option is not selected.*

Any incomplete areas marked in blue will result in the delaying of your case.

All abutments in the anterior will be anodized gold unless specified in step 4 technical section.

Step 5 - Signature

Dr. Signature _____ License # _____

The person signing this work authorization accepts sole responsibility for payment and agrees to pay all collection costs including attorney's fees. A 2% late charge will be added to all balances due over 30 days. NOTE: Retain one sheet for your records and return the other sheet(s) with work to be completed. Please use black or blue when completing this form.