PETERSON DENTAL LABORATORY

Provisional Hybrid RX

Doctor (Restorative):_____ Doctor (Surgical):_____ Patient:_____ Today's Date:___ /___ /____ Return Date:___ /___ /____

SURGEON TO COMPLETE

Logistics

Surgical Office: ○ Surgeon's ○ Restorative's
Surgery Date: ___/___/_____
Surgery Start Time: ___:___
MUA Placement Time: ___:___
Provisional Delivery: ___:___ *(3:00pm default)*
Deliver to: ○ Restorative ○ Surgeon's

Implant Information

Implant Manufacturer: _____
Implant Connection: _____
Placing Multi-Unit Abutments: ○ Yes ○ No
Lab to Supply

- ○ Nobel CC Kit
- ○ Straumann BL Kit
- ○ Biohorizon/Zimmer Kit
- ○ Special Order MUA Kit
- ○ Tenting Screw Kit
- ○ Order Scan Bodies

Digital Workflow

Fiducial Records (before main surgery starts)
○ Dentist to scan
○ Chairside to scan (Time _____:_____)
○ Dentist (impress & pour models)

Scan of MUAs & Tissue
○ Dentist to scan
○ Chairside to scan (Time _____:_____)

Traditional Workflow

MUA Inspection, Impression & Bite Records
○ No chairside required
○ Chairside required (Time _____:_____)

Dr. Signature _____ License # _____

The persons signing this work authorization accepts sole responsibility for payment and agrees to pay all collection costs including attorney's fees. If restorative dentist is covering certain cost please note on RX above. 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 ink when completing this form.

RESTORATIVE TO COMPLETE

Prosthetics

Material ○ PMMA ○ Acetal
Implant Connection ○ Rosen Screw ○ Tibase
Restorative Space ○ FP1 ○ FP2 ○ FP3

Next Day Chairside Service (3:00)

○ Chairside required ○ Not required

Pictures

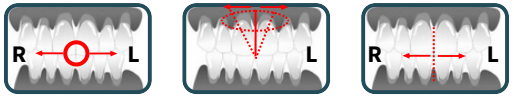
○ Full face, full smile (teeth closed)
○ Full face, repose (teeth open)
○ Full face, profile, repose (teeth closed)

Shade

Teeth: _____ (Vita Classic A1-D4, BL1-BL4)
Pink Composite Shade Guide:
○ 1-Light ○ 2-Medium *(Default)* ○ 3-Dark ○ 4-Meharry

MIDLINE

Follow Existing: ○ Upper ○ Lower



Right	____mm	____mm	____mm
Left	____mm	____mm	____mm

MAXILLARY OPTION

Neck
Up ____mm
Down____mm
Follow Existing ○

Incisal
Up ____mm
Down____mm
Follow Existing ○

Maxillary Reference Tooth
○ #6 ○ #7 ○ #8 ○ #9 ○ #10 ○ #11

HORIZONTAL PLANE

○ Set to existing plane
○ Set to ideal plane

Up_____mm Up_____mm
Down _____mm Down_____mm

VERTICLE DIMENTION

○ Open _____mm ○ Close _____mm ○ Follow Existing

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