

DENTIST: _____ DATE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE : () _____
 SIGNATURE: _____ LICENSE #: _____
 EMAIL: _____



NEW IMAGE
DENTAL LABORATORY®
 1395 Southlake Parkway • Morrow, GA 30260
 (770) 968-0911 • (800) 233-6785
 Fax (770) 960-1758
 www.NewImageDentalLab.com

SURGEON: _____ DATE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE : () _____
 SIGNATURE: _____ LICENSE #: _____
 EMAIL: _____

Use: Original Manufacturer Parts Generic Parts

IMPLANT MANUFACTURER

- Astra/Atlantis Bicon Biodenta BioHorizons
 Biomet 3i BlueSkyBio Camlog Conelog
 Hiossen Implant Direct Keystone MegaGen
 MIS Neodent Nobel Biocare Straumann
 Thommen Zimmer Other: _____

ABUTMENT SELECTION

- CAD/CAM** **Custom Cast** **Stock**
- Titanium Noble White Titanium
 Titanium w/ Gold Hue Yellow Gold Titanium w/ Gold Hue
 Zirconia Zirconia





CROWN & BRIDGE

- Porcelain Fused to Metal** **Full Cast** **Full Contour Zirconia**
- Noble Noble White AllZir
 High Noble White Gold Noble Yellow NiZir
Porcelain Fused to Zirconia High Noble Yellow 60 BruxZir
 PrismaTik CZ High Noble Yellow 77 Lava Plus
 Lava **Lithium Disilicate** e.max ZirCAD
Temporary e.max Press
 PMMA e.max Milled

SCREW-RETAINED

- Using Full Abutment** - Select Abutment and Crown & Bridge from above
 UCLA Castable
 Porcelain Fused to: Noble High Noble
 Full Cast Gold: Noble White Noble Yellow
 High Noble Yellow 60
 Straight Titanium Base - Select Crown & Bridge from above
 Manufacturer Generic
 Angulated Titanium Base - Select Crown & Bridge from above
 Manufacturer Generic

CUSTOMIZATION

- Occlusal Staining**
 No Stain Pits Pits & Fissures Pits, Fissure & Grooves
Pink Porcelain Light Medium Dark
Metal Band Yes No **Metal/Zr Occlusal** Yes No
Pontic Design
 Full Ridge  Part Ridge  Sanitary Pontic  Ovate 

Photos sent to photos@newimagedl.com

IMPLANT PROSTHETICS

PATIENT NAME

Male Female Age: _____

Tooth Shade: _____

DUE DATE: _____

Patient is appointed on: _____

Patient is not appointed.

Deliver to: Surgeon Restoring Dentist

Send Supplies

RX Forms: Crown & Bridge Implant
 Removable New Smile Clear Aligners
 Mailing Labels Ground Bags
 Case Boxes 2-Day Bags
 OSHA Bags Next Day Bags

Implant Surgical Plan Enclosed

Implant Position	Implant Brand	Implant Type	Implant Diameter

Dr. supplied the following parts:

SURGICAL GUIDES

Fully Edentulous Partially Edentulous

CT Scan Guide: Gutta Percha or Barium (circle one)
CT Surgical Guide: Implant Brand _____ # of Implants _____
Model Based Stent: Acrylic Stent Only Acrylic with Metal Tubes
 Wax-up and Vacuform Matrix

IMMEDIATE LOAD PROVISIONAL

- Temporary Denture: Premium Standard PMMA Hybrid Denture
 Clear Duplicate Denture: Troughed (for Abutment Placement)
 Solid (for Bone Reduction)
 Technician to Attend Surgery Date/Time: _____

HYBRIDS & OVERDENTURES

- Custom Tray Baseplate & Rim Verification Jig
- Preliminary Set-up:** Brand of teeth _____ Mould _____
 Remount & Reset
- Choose Prosthetic Type**
 Locator Overdenture Add Cast Metal Framework
 Titanium Bar with Attachments and Cast Framework Overdenture
 Titanium Bar Acrylic Hybrid: Titanium to Tissue Wrap-Around
 EasyLock Overdenture (Titanium Bar with MK1 Attachments)
 Friction Fit Integrated Bar Overdenture
 Screw Retained Zirconia Hybrid
 Screw Retained Zirconia/Titanium Bar Hybrid
- Try In Hybrids & Bar Overdenture**
 Try in Bar Only Teeth in Wax on Bar Remount & Reset
 PMMA Try in before Zr. Hybrid Remount & Redesign
- Finish Hybrids & Bar Overdenture** - Select Acrylic Shade
Lucitone 199: Light Pink Light Reddish Pink Reddish Pink
Meharry(Purplish Pink): Light Medium Dark

Special Instructions: (Attach separate sheet if necessary)