

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



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: _____
(date returned to your office)

Patient not appointed/standard turnaround
 Patient appointed on: _____

Deliver to: Surgeon Restoring Dentist

Send Supplies

RX Forms: Crown & Bridge
 Implant Removable

Bags: Ground 2-Day Next Day

Package: Case Boxes OSHA Bags

Implant Surgical Plan Enclosed

| Implant Position | Implant Brand | Implant Type | Implant Diameter |
|------------------|---------------|--------------|------------------|
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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

1. Custom Tray Baseplate & Rim Verification Jig
2. **Preliminary Set-up:** Brand of teeth _____ Mould _____
 Remount & Reset
3. **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
4. **Try In Hybrids & Bar Overdenture**
 Try in Bar Only Teeth in Wax on Bar Remount & Reset
 PMMA Try in before Zr. Hybrid Remount & Redesign
5. **Finish Hybrids & Bar Overdenture** - Select Acrylic Shade
Lucitone 199: Light Pink Pink Light Reddish Pink
Meharry (Purple Pink): Light Medium Dark

Special Instructions: (Attach separate sheet if necessary)