

IMPLANT - RETAINED PROSTHESES

Practice Name _____	Patient ID _____	Email _____
Invoice Address _____	Dentist Name _____	Date _____
Tel _____	City Country _____	

New Case
 Continuation/Remake
 Work Required by Day
 Month

IMPLANT Turnaround time: 15 working days

BELOW INFORMATION MUST BE PROVIDED.

System/Brand: _____
 Type: _____
 Diameter/Size: _____

IMPLANT BUNDLE (Single units only; all inclusive)

Custom milled components

- Screw (Lab will default to appropriate abutment type)
- Cement (please specify abutment material)
 - Ti
 - Zirconia on Ti interface
 - MTX Angulated Bundle (Analog included. Please do not provide.)
If screw retained is not possible default to:
 - Cement retained MTX

CEMENT-RETAINED

+ Genuine components only

Restoration Type

- | | |
|---|--------------------------------------|
| PFM | All-ceramic |
| <input type="checkbox"/> Non-Precious | <input type="checkbox"/> IPS e.max® |
| <input type="checkbox"/> Semi-Precious ⁺ | <input type="checkbox"/> Composite |
| <input type="checkbox"/> High-Precious ⁺ | <input type="checkbox"/> Other _____ |

Zirconia based

- FMZir - Full Monolithic Zirconia
- UZir Ultra Translucent Zirconia
- IPS e.max® ZirPress
- PFZ - Porcelain-Fused-to-Zirconia

Abutment type

(Choose either custom or genuine components)

- | | |
|---|---|
| Custom-milled | Genuine |
| <input type="checkbox"/> Ti | <input type="checkbox"/> Cast (specify alloy) |
| <input type="checkbox"/> Zir on Ti Base | <small>PFM default. Same alloy as PFM unless specified otherwise.</small> |

ADDITIONAL INSTRUCTIONS

Prescriber Feedback:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the device(s) on receipt as soon as possible.

PROSTHESIS TYPE

- Crown
- Bridge
- Hybrid
- Removable overdenture
- Locator
- Bar & clip

Crown Type

- PFM Non-Precious
- FMZir-Fully Monolithic Zirconia
- PFZ-Porcelain-Fused-to-Zirconia

IMPLANT GUIDES

- Surgical
 - Model-based
 - Cone-beam-based
 - Cone-beam-based including planning service
- Radiographic

SCREW-RETAINED

‡Default alloy for a PFM crown + Genuine components only

Restoration Type

- | | |
|---|--|
| PFM | All-ceramic |
| <input type="checkbox"/> Non-Precious [‡] | <input type="checkbox"/> IPS e.max® |
| <input type="checkbox"/> Semi-Precious [‡] | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Precious [‡] | Zirconia based |
| <input type="checkbox"/> Ti | <input type="checkbox"/> FMZir |
| | <input type="checkbox"/> UZir Ultra Translucent Zirconia |
| | <input type="checkbox"/> PFZ |

Abutment

- Genuine
- Custom-Milled (default)

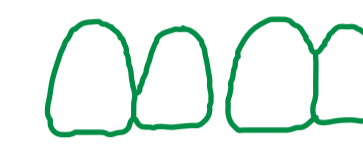
Alternative screw variations

(You will be advised if any limitations apply)

- Cross screw
- MTX Angled Screw Channel

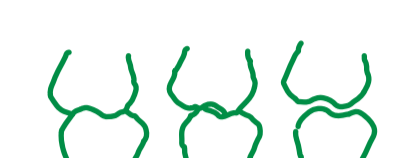
*Default

EMBRASURE



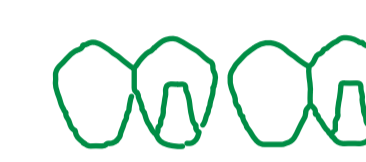
- Open*
- Closed

OCCLUSAL CONTACT



- Heavy
- Light*
- Open

PROXIMAL CONTACT



- Normal*
- Extended

PONTIC CONTACT



- *
-

MATERIAL ENCLOSED

Please tick

- | | | |
|--|--------------------------|--------------------------|
| Analog # | <input type="checkbox"/> | <input type="checkbox"/> |
| Abutment/Gold Adapt/Parts # | <input type="checkbox"/> | <input type="checkbox"/> |
| Screws # | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper Impression | <input type="checkbox"/> | <input type="checkbox"/> |
| Lower Impression | <input type="checkbox"/> | <input type="checkbox"/> |
| Upper Model | <input type="checkbox"/> | <input type="checkbox"/> |
| Lower Model | <input type="checkbox"/> | <input type="checkbox"/> |
| Bite Registration (over prepared abutment) | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous C & B to return | <input type="checkbox"/> | <input type="checkbox"/> |
| Previous Study Models to return | <input type="checkbox"/> | <input type="checkbox"/> |
| Articulator | <input type="checkbox"/> | <input type="checkbox"/> |
| Denture | <input type="checkbox"/> | <input type="checkbox"/> |
| Crown/Bridge | <input type="checkbox"/> | <input type="checkbox"/> |
| Shade Tab | <input type="checkbox"/> | <input type="checkbox"/> |
| Voucher Attached # | <input type="checkbox"/> | <input type="checkbox"/> |
| Images to be emailed | <input type="checkbox"/> | |

COMPONENT SUPPLIER

- Lab (default)
- Dentist

SHADE

(please email images)

