



Implant Prescription Form

LAB USE ONLY, PLEASE DO NOT WRITE IN THIS BOX PAN #	LAB USE ONLY, PLEASE DO NOT WRITE IN THIS BOX CASE #
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Restorative Doctor _____ Practice Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

- Hold case (pictures will be emailed for approval) Process the case (will be started immediately)
- Ship to (if different from prescriber)

Address _____ City _____ State _____ Zip Code _____

TEETH NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Patient's Name _____

Back in Office _____ by 5:00 pm
 by noon (extra charge)

SHADE

_____ Stump Shade _____ Desired Shade

MARGIN (Default in Watermark)

_____ Facial _____ Mesial

_____ Lingual _____ Distal

IMPLANT MANUFACTURER	TOOTH #	SIZE	ALLURE RESTORATIVE PACKAGE (FDA)	ORIGINAL MANUFACTURER	ABUTMENT MATERIAL			SCREW RETAINED
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TITANIUM	<input type="checkbox"/> HYBRID	<input type="checkbox"/> ZIRCONIA	<input type="checkbox"/> Cemented <input type="checkbox"/> Bonded In Lab <input type="checkbox"/> Bonded Chairside
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TITANIUM	<input type="checkbox"/> HYBRID	<input type="checkbox"/> ZIRCONIA	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TITANIUM	<input type="checkbox"/> HYBRID	<input type="checkbox"/> ZIRCONIA	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TITANIUM	<input type="checkbox"/> HYBRID	<input type="checkbox"/> ZIRCONIA	

FINAL RESTORATION TYPE

- ALL CERAMIC**
- e.Max
 Opal-Z Gradational
 Opal-Z Premium
 Opal-Z 360°
- PFM**
- Non-Precious
 Semi-Precious
 High Nobel White
 High Nobel Yellow
- FULL GOLD CROWN**
- 2% AU TYPE IV N
 40% AU TYPE IV N
 60% AU TYPE III HN

DESIGN

- MARGIN**
- Show no metal (traditional PFM)
 Show no metal 360°
 Metal to margin 360°
- PONTIC**
-
- METAL**
-

EXTRA INFORMATION

- In occlusion
 Out of occlusion
 Die spacer on opposing
- Will opposing teeth be restored in the near future?
 Yes No

- SURFACE TEXTURE**
- Smooth
 Moderate
 Heavy
- OCLUSION STAIN**
- None
 Light
 Medium
 Dark
- If inadequate clearance
 Spot Opposing Call me
 Reduction Coping

EMERGENCE WIDTH

-
- Surgical Placement
 Tissue Displacement
 No Tissue Displacement

ADDITIONAL INSTRUCTIONS AND COMMENTS

Signature _____

License Number _____