Implant Rx

1. Type of Stent / Guide

- ❑ Radiographic Stent
  - ❑ Hard Acrylic
  - ❑ a. Barium Sulfate teeth
  - ❑ b. Gutta Purcha
  - ❑ Vacuum
  - ❑ c. Guide Hole
  - ❑ d. 4mm Ball Markers
- ❑ Surgical Guide
  - ❑ Buccal Facing
  - ❑ Guide Hole
  - ❑ Metal guide sleeves

2. Type of Abutment

- ❑ a. Custom Casted Abutment - Cemented Crown
- ❑ b. Custom Casted Abutment - Screw Retained Crown
- ❑ c. Straight / Angled Abutment - Preppable
- ❑ d. Procera Titanium Abutment
- ❑ e. Procera Zirconia Abutment
- ❑ f. Atlantis Abutment ❑ Duplicate Abutment
- ❑ g. Other_____

3. Type of Appliance

- ❑ Single units ❑ Splinted units
- ❑ a. Cemented
- ❑ b. Screw Retained
- ❑ c. Bar Overdenture
- ❑ d. Hybrid Denture

4. Type of Restoration

- ❑ a. Porc. Fused Metal Crown*
- ❑ b. Full Metal Crown*
- ❑ c. Wolceram
- ❑ d. Procera
- ❑ e. Cercon
- ❑ f. Empress
- ❑ g. Temporaries

5. Type of Metal

PFM/FGC/COMBO

- ❑ a. Precious* Lt. Yellow
- ❑ b. Semi - Precious White
- ❑ c. Yellow Ceramic-Med Yellow
- ❑ d. Titanium - White
- ❑ e. 24K Bio 2000

Full Gold Crown

- ❑ a. Precious - High Yellow
- ❑ b. Precious -Yellow*

Abutment

- ❑ a. Semi - Precious White
- ❑ b. Precious* Lt. Yellow
- ❑ c. Precious High Yellow

6. Crown Design

- ❑ a. Lingual Collar* ___mm
- ❑ b. Mesial Collar ___mm
- ❑ c. Distal Collar ___mm
- ❑ d. Facial Collar ___mm
- ❑ e. Metal Occ (3/4 Occ)
- ❑ f. Metal Occ (Full Occ)
- ❑ g. Metal Island
- ❑ h. Metal Lingual-Anterior tooth

7. Pontic Design

❑ a. ❑ b. ❑ c.* ❑ d. ❑ e.

❑ No Ridge Relief

8. Gingival Embrasures

- ❑ a. Natural
- ❑ b. Open
- ❑ c. Closed

ZirámiX

the dental lab

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WWW.ZIRAMIX.COM

Doctor's Name

Address

City, State, Zip

Phone #_____

Email Address _____

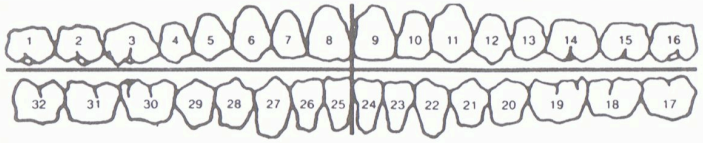
Patient Last Name |__|__|__|__|__|__|__|__|__|__|__|__|

Patient First Name |__|__|__|__|__|__|__|__|__|__|__|__|

Shipping Date |__|__|-|__|__|-|__|__| Male / Female

DATE DUE-Deliver case by 5PM on |__|__|-|__|__|-|__|__|

Return case for: ❑ **Finish** ❑ **Bisquit Try-In**
❑ **Metal Try-In (Required on all bridges & Splints)**



❑ Singles _____

❑ Bridge _____

(pontic #_____)

Dentist Signature_____ License # _____

Items Enclosed

___Imp.	___Model	___Bite	___Opposing
___Shade	___Pre-op Model	___Photo	___Model of Temps
___Analogs	___Imp. coping	___Final insertion screw	
___Abutment	___Lab screws	___Other:_____	

9. Occlusal Contact

- ❑ a. Out (0.5mm sub)
- ❑ b. Light (0.3mm sub)
- ❑ c. Contact (Touching opp)

10. Interproximal Contacts

- ❑ a. Light
- ❑ b. Medium
- ❑ c. Heavy (Scrape cast)

11. Occlusion Stain

❑ a. None ❑ b. Light ❑ c. Heavy

12. Shade

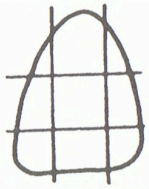
Desired Shade _____

PLEASE SEND STUDY MODEL ON ALL CASES INVOLVING ANTERIOR TEETH

Type of Shade Guide

- ❑ Vita 3D Guide
- ❑ Chromoscope
- ❑ Vita Classic
- ❑ Bioform
- ❑ Other_____

Smile Guide # _____



13. If Occ. Space is Needed

- ❑ a. Adjust opposing tooth
- ❑ b. Make Metal Island
- ❑ c. Make Metal Occlusal
- ❑ d. Adjust Abut. And Mark
- ❑ e. Adjust Abut. Make coping

For Lab Use	
Model	_____
Trim	_____
Wax	_____
Metal	_____
Opaq	_____
Porc	_____
Pol	_____
Q.C.	_____
Weight	_____

14. Implant Information/Tooling

Type of driver/Insertion Screw

- ❑ Square
- ❑ Hexed .048
- ❑ Hexed .050
- ❑ Star

Implant Diameter/Platform

Tooth #_____, _____mm

Tooth #_____, _____mm

Tooth #_____, _____mm

Name of Implant Manufacturer

- ❑ Nobel Biocare
- ❑ Centerpulse
- ❑ Straumann
- ❑ Lifecore
- ❑ 3i Implant Innovations
- ❑ MIS
- ❑ Other_____

Name of Implant System (please list:)

1_____

2_____

3_____

Name of Surgeon _____

Phone Number _____

15. Instructions for Temporaries

A. Reduction needed
- ❑ Light
- ❑ Heavy

B. ❑ Splinted ❑ Single Units

C. Wire reinforcement ❑ Yes ❑ No

D. Pontic Tooth Number_____

-Cosmetic/Removable/Crn.&Bridge restorations available-

Please Send More
- ❑ a. Shipping Labels
- ❑ b. Cosmetic Rx
- ❑ c. Crown and Bridge Rx
- ❑ d. Boxes
- ❑ e. Removable Rx
- ❑ f. Implant Rx