



Implant Rx

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ M F DOB _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

FINAL ABUTMENT TYPE

- Zirconia Solid Screw Retained Implant
- Custom Titanium Abutment
- Custom Zirconia Abutment
- PFM Screw Retained

CUSTOM ABUTMENT

Design

- L - 0.5mm
- B - 1mm
- D - 0.5mm
- M - 0.5mm

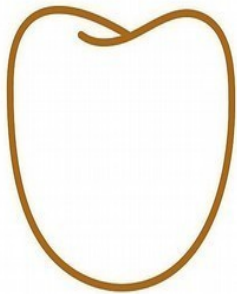
Emergence Profile



- Follow tissue (no expansion)
- Contour design (expand tissue by 0.5mm)
- Anatomical (fully expand tissue)

SCREW RETAINED

- Posteriors** Zirconia Solid
-
- Anteriors** Solid Lingual Facial Layered



CASE INSTRUCTIONS

Please **CIRCLE** single units and **BRACKET** splinted units

Max 18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28
Man 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38

Metal

- White HN***
- Semi-precious
- Non-precious

Restoration

- Crown
- Bridge

Zirconia / All Ceramic

- Zirconia Solid
- Zirconia Layered
- IPS e.max

IMPLANT INFORMATION

Type _____

Size _____

Scan Body Ref # _____

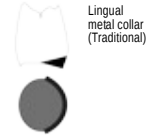
Other Info _____

CROWN DESIGN

Characterizations

Tooth Shade (REQUIRED) _____

Pontic Design



Occlusal Clearance

- Light***
- Open
- Tight

Contact

- Light***
- Medium
- Heavy

RX SPECIFIC INSTRUCTIONS

**Please provide photos with shade tabs and screen shots when possible. Via Dropbox (with scan files and Rx in folder) or email to: upload@bidesignceramics.com

Dentist signature** (REQUIRED) _____

Dentist license no. (REQUIRED) _____