




Clinician-to-laboratory prescription form

Clinician's name _____ Clinician's zip code (required) _____

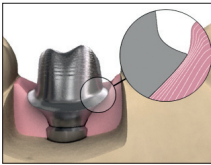
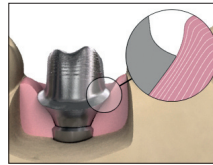
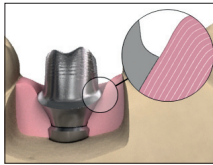
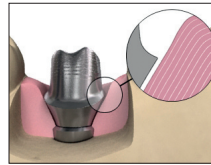
Case or patient ID _____

Abutment material choice: (please check box for the material of your choice for each tooth #)

 Titanium	 Gold-shaded titanium	 Zirconia (Shades: 00, 10, 20, 30)	Tooth #	Implant brand	Platform Ø	Duplicate abutment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ shade # _____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ shade # _____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ shade # _____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ shade # _____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ shade # _____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ shade # _____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ shade # _____	_____	_____	<input type="checkbox"/>

Emergence width options (select one)

Full anatomical dimensions
 Contour soft tissue (default if no selection is made)
 Support tissue
 No tissue displacement

Margins	Default	Clinician specified (if different from default)
Buccal/facial:	1.0 mm subgingival	Buccal/facial: _____
Distal:	0.75 mm subgingival	Distal: _____
Mesial:	0.75 mm subgingival	Mesial: _____
Lingual:	0.5 mm subgingival	Lingual: _____

This form is designed to simplify the clinician-lab communication only. Additional information is required by the dental laboratory to complete the order.