

IMPLANTS

PROCEDURE PRESCRIPTION



INFORMATION

Dr's Name:

Clinic Name:

Address:

Patient Name: *

Work ID # Gender: M F Age

Tooth # Order Date:

Shade: * Due Date: *

If no shade please input N/A

For Lab Use Only

Pan # Reference#

INSTRUCTIONS

Please select tooth # *

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	17	16	15	14	13	12	11			21	22	23	24	25	26	27	28		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48	47	46	45	44	43	42	41			31	32	33	34	35	36	37	38		

MARGIN DESIGN

Please select your choice (s) of margin combination for PFM



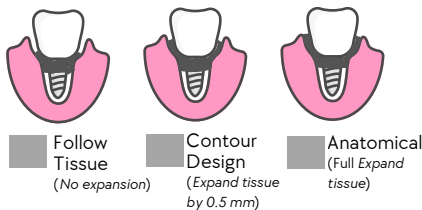
CEMENT RETAINED ABUTMENT TYPE

Specific Instructions

DESIGN

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

EMERGENCE PROFILE



- Custom Titanium Abutment

IMPLANT DESIGN

- PFM
- Zirconia Solid (Posterior Default)
- Solid Lingual (Anterior Default)
- Full cast crown
- Cement Retained
- Screw Retained - Continue regardless of access hole position
- Screw Retained - Change to cement retained if not possible
- Emergence Profile Screw Retained
 - Push tissue by 0.5mm
 - Ridge lap on buccal

CASE INSTRUCTIONS

Please select case instructions

METAL

- Non Precious
- Semi-Precious
- Yellow Gold High Noble
- White Gold High Noble

RESTORATION

- Crown
 - Bridge
- #### ALL CERAMIC CROWN
- Zirconia
 - Zirconia Layered

PONTIC DESIGN



Occlusal Clearance

- Light Foil Relief Double Foil Relief
- Open
- Centric Point Contact Cusp-to-Fossa
- Metal Occlusion

Proximal Contact

- Light
- Medium
- Heavy

DIGITAL FILE SEND

Please select one:

- Shining 3D (BTdental)
 - iTERO (ID# 38753)
 - Prime/Sirona (btdentallab)
 - Medit
 - Treo/3Shape
 - Heron IOS
 - Care Stream
 - Other
- btdentallab@gmail.com

IMPLANT SYSTEM

Manufacturer/ Platform *

- Hiossen
- Straumann
- Nobel Biocare
- Other
- Adin
- Astral
- MegaGen

Type: *

Diameter:

To Be Included

- Lab analog
- Impression coping
- Abutment
- Screw
- Jig
- Genuine Parts Only
- Third Party Parts

SPECIFIC INSTRUCTIONS

Please provide any study models, diagnostic cast, any photos to: tech@btdentallab.com

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Dentist Signature: *