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LAB. USE

Case No. _____

Pan No. _____

Lab Date _____

Dr. _____

Patient _____

Age ___ Gender M F Teeth Restored or Replaced _____

Prep Date: _____ Seat Date: _____ Seat Time: _____

Restorations by Advanced Technical Department (L.V.I. and P.A.C.-live trained)

FIXED IMPLANT RX FORM

For all anterior cases please provide the following items and mark they have been sent

- Pre-Op Model Wax Presentation Model or Model of Temps Stick Bite Face Bow
 Measurement of Central Underlying Tooth Color (prep shade) Photos for Shade

Type of Restoration

- Cemented Screw Retained

All-Porcelain/Zirconia Temporaries

- IPS e.max PMMA Milled
 PFZ Press Composite

PFZ Handstack

Full Contour Zirconia -

Monolithic Zirconia 1200-1300 MPA

BadAZTM-Monolithic Zirconia High Translucency

700-800MPA, Single Units & upto 3 unit anterior bridge

Metal Design

- No Collar
 Small lingual collar
 Small lingual & buccal collar
 Metal lingual/Metal occlusal

Pontic Design

- Full Ridge Partial Ridge No Ridge Point Contact No Contact Ovate

MARGIN POSITION OPTIONS

- One Millimeter Buccal (DEFAULT)
Abutment margin placed 1mm below tissue on buccal. 0.5mm on mesial/distal and lingual

Porcelain Fused-to-Metal

High Noble/Precious

Base/Non-Precious

Full Gold Crown

High Noble/60%

Noble/Argencor Y+

Your Design Specifications

Buccal _____ Distal _____

Mesial _____ Lingual _____

ABUTMENT TYPE

- Custom Titanium CAD
 Custom Titanium
 Ti base with Custom Zirconia
 Custom Gold
 Have lab choose which is best
 Stock Titanium _____
 Dr. Supplied Stock _____
 Other _____

EMERGENCE WITH OPTIONS

- Full Anatomical Dimensions (DEFAULT)
largest diameter abutment provided with best emergence profile possible.
 Contour Soft Tissue

Medium diameter anatomically shaped abutment up to 1.0 mm larger than the sulcus of model of soft tissue provided.

- No Tissue Displacement
Abutments with no soft tissue support. The abutment will not touch the soft tissue or stone model of the soft tissue provided.

Implant System _____

Implant Parts Provided by Dr.

- Impression Coping Enclosed
 Analog Enclosed
 Abutment Enclosed
 Final Screw Enclosed

(All Single Centrals Send Photos)

Gingival Shade _____

Body Shade _____

Incisal Shade _____

Prepped Tooth Shade _____

(All-Porcelain & Lava)

Occlusal Stain: ___ None ___ Light ___ Medium ___ Dark

Incisal Translucency: ___ None ___ Minimal (0.5) ___ Moderate (1.0) ___ Maximum (1.5)

Shade of Translucency: ___ Clear (Blue) ___ Smoke (Grey) ___ Frosted (Chalky White) ___ Amber (Orange)

Surface Texture: ___ Heavy ___ Medium ___ Light ___ Smooth (No surface texture)

SPECIFIC INSTRUCTIONS: ___ Please call me ___ Please evaluate my preps & impressions
___ Please send me a card to evaluate the technicians completed work



Tooth # Platform Diameter Implant System/Instructions

Tooth #	Platform Diameter	Implant System/Instructions

Please send: Rx Forms Mailing Boxes Mailing Labels Product Info on _____

Terms: Net 30 days. A 2% a month finance charge is added to all past due accounts. Accounts over 30 days past due will be placed on COD including outstanding balance due with shipment of case. Dentist will be responsible for all collection costs, including attorney's fee to collect past due balance. By signing below you are legally obligated to these terms.

Dentists Signature _____ License # _____