

Today's Date

Due Date: (10 Business Days from Receipt of Rx Form)

Restorative Doctor

Phone

Email

Address

City

State/Zip

Patient Name

Shade

Tooth Number

Implant System	Platform Size	Healing Abutment Size (required)

Specific Instruction

Immediate and subcrestal implant require X-ray of healing abut. for optimal abut. selection.

Restoration Type

Cementable w/jig

Screw Mentable w/jig

Screw Retained

Zero Bone Loss Concept and Traditional Implant Crowns

(All restorations use parts from the authentic implant manufacturer)

Zero Bone Loss Concept
Anterior Restoration Only

ZBLC Layered Zirconia Screw-Retained

ZBLC Abutment with Layered Zirconia Crown Cement Retained

Zero Bone Loss Concept
Posterior Restoration Only

ZBLC Monolithic Zirconia Screw-Retained

ZBLC Abutment with Monolithic Zirconia Cement Retained

Titanium Gold Hue Abut
Anterior Restoration Only

Layered Zirconia Screw-Retained

Layered Zirconia Cement Retained

Titanium Abutment
Posterior Restoration Only

Monolithic Zirconia Screw-Retained

Monolithic Zirconia Cement Retained

Tissue Former & Temporaries

(All restorations use parts from the authentic implant manufacturer)

Tissue Former

Tissue Former w/ Essix Retainer

Screw-Retained Temporary Crown

3D Printed Night Guard

(UNIDENT Workflow: One delivery visit for night guard, final crown, and abutment, requiring a full arch impression)

Upper Thermoforming Night Guard

Lower Thermoforming Night Guard

Reprint Night Guard

Essix Retainer & Palatal Stent

Essix Retainer

Palatal Stent