

Dr. Name \_\_\_\_\_ Patient \_\_\_\_\_

Account # \_\_\_\_\_ Dr. Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

# IMPLANT RX

**UNIDENT**  
LABORATORIES  
700 AIRPORT BLVD. STE 150 BURLINGAME, CA 94010  
TEL: 866-864-3368 • FAX: 650-348-3317

CASE NO. I- \_\_\_\_\_ Rx DATE \_\_\_\_\_ DUE DATE \_\_\_\_\_

## TYPE OF RESTORATION

- ☐ CEMENT RETAINED RESTORATION  
☐ SCREW RETAINED RESTORATION  
☐ PROVISIONAL RESTORATION  
☐ SURGICAL STENT  
☐ DIAGNOSTIC WAX-UP

## SCREW RETAINED RESTORATION

- ☐ FULL CONTOUR ZIRCONIA W/Ti ABUTMENT  
☐ IPS e.MAX W/Ti ABUTMENT  
☐ PFM NOBLE W/GOLD UCLA  
☐ PFM NOBLE W/PLASTIC UCLA  
☐ PFM NON-PRECIOUS W/PLASTIC UCLA

## CAD/CAM ABUTMENT & CROWN PACKAGE

### ZIRCONIA W/Ti-BASE ABUTMENT & CROWN

- ☐ Ti ZIRCONIA ABUTMENT W/ IPS e.MAX LAYERED  
☐ Ti ZIRCONIA ABUTMENT W/ IPS e.MAX STAINED  
☐ Ti ZIRCONIA ABUTMENT W/ ZIRCONIA LAYERED  
☐ Ti ZIRCONIA ABUTMENT W/ FULL CONTOUR ZIRCONIA  
☐ Ti ZIRCONIA ABUTMENT W/ LAVA CROWN  
☐ Ti ZIRCONIA ABUTMENT W/ HYBRID COMPOSITE

### ALL ZIRCONIA CUSTOM ABUTMENT & CROWN

- ☐ ALL ZIRCONIA ABUTMENT W/ IPS e.MAX LAYERED  
☐ ALL ZIRCONIA ABUTMENT W/ IPS e.MAX STAINED  
☐ ALL ZIRCONIA ABUTMENT W/ ZIRCONIA LAYERED  
☐ ALL ZIRCONIA ABUTMENT W/ LAVA CROWN  
☐ ALL ZIRCONIA ABUTMENT W/ HYBRID COMPOSITE

### TITANIUM AND GOLD HUE CUSTOM ABUTMENT AND CROWN

- ☐ TITANIUM ABUTMENT W/ PFM  
☐ TITANIUM ABUTMENT W/ PFM SEMI-PRECIOUS  
☐ TITANIUM ABUTMENT W/ PFG WHITE HIGH NOBLE  
☐ TITANIUM ABUTMENT W/ FULL CONTOUR ZIRCONIA  
☐ GOLD HUE ABUTMENT W/ LAYERED IPS e.MAX  
☐ GOLD HUE ABUTMENT W/ STAINED IPS e.MAX  
☐ GOLD HUE ABUTMENT W/ LAYERED ZIRCONIA  
☐ GOLD HUE ABUTMENT W/ FULL CONTOUR ZIRCONIA

## CROWNS OVER STOCK ABUTMENT

- ☐ PFM NON-PRECIOUS  
☐ PFM SEMI-PRECIOUS  
☐ PFG WHITE HIGH NOBLE  
☐ FULL CONTOUR ZIRCONIA  
☐ ZIRCONIA LAYERED  
☐ IPS e.MAX STAINED

## PROVISIONAL RESTORATION

### SCREW RETAINED

- ☐ HYBRID COMPOSITE W/TEMP ABUTMENT  
☐ COMPOSITE W/TEMP ABUTMENT

### CEMENT RETAINED

- ☐ HYBRID COMPOSITE CROWN  
☐ COMPOSITE CROWN

## DESIRED SHADE



CERVICAL \_\_\_\_\_ BODY \_\_\_\_\_ INCISAL \_\_\_\_\_

## INCISAL TRANSLUCENCY

HEAVY \_\_\_\_\_ MEDIUM \_\_\_\_\_ LIGHT \_\_\_\_\_ NONE \_\_\_\_\_

## CASTED ABUTMENT & CROWN PACKAGE

- ☐ NOBLE CAST ABUTMENT W/ PFM  
☐ NOBLE CAST ABUTMENT W/ PFM SEMI-PRECIOUS  
☐ NOBLE CAST ABUTMENT W/ PFG WHITE HIGH NOBLE  
☐ NOBLE CAST ABUTMENT W/ FULL CONTOUR ZIRC  
☐ NOBLE CAST ABUTMENT W/ IPS e.MAX CROWN

## OCCUSION & CONTOUR

- OCCUSION**  
☐ TOUCHING  
☐ SLIGHTLY OUT  
☐ OPEN BY \_\_\_\_\_ mm
- EMBRASURES**  
☐ CLOSED  
☐ OPEN

## PROXIMAL CONTACTS

LIGHT \_\_\_\_\_ HEAVY \_\_\_\_\_ POINTY \_\_\_\_\_ BROAD \_\_\_\_\_

## INDICATE TOOTH NUMBERS AND CIRCLE NUMBERS FOR BRIDGE

UPPER 1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 LOWER 32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

IMPLANT SYSTEM \_\_\_\_\_ PLATFORM TYPE \_\_\_\_\_ PLATFORM SIZE \_\_\_\_\_

DR. SIGNATURE \_\_\_\_\_ D.D.S. LICENSE# \_\_\_\_\_

## EMERGENCE PROFILE FOR ABUTMENT AND SCREW RETAINED CROWN

☐ NO TISSUE DISPLACEMENT ☐ SUPPORT SOFT TISSUE ☐ CONTOUR SOFT TISSUE ☐ FULL ANATOMICAL DIMENSION



PLEASE SEE REVERSE SIDE FOR DEFINITIONS BEFORE SELECTING DESIGN

## ABUTMENT MARGIN DEPTH

MARGINS	DR. SPECIFIED	DEFAULT
BUCCAL/FACIAL	_____	1 MM SUBGINGIVAL
DISTAL	_____	.75 MM SUBGINGIVAL
MESIAL	_____	.75 MM SUBGINGIVAL
LINGUAL	_____	.5 MM SUBGINGIVAL

## IMPLANT COMPONENTS: LAB DR.

IMPRESSION POST	_____	_____
LAB ANALOG	_____	_____
BURN OUT COPING	_____	_____
ABUTMENT (FINAL)	_____	_____
ABUTMENT (TEMPORARY)	_____	_____
ABUTMENT UCLA	_____	_____