

Today's Date

Due Date:

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.

### Temporaries, Tissue Formers, and TempShells™

(All restorations use final abutments (no micro movements) and authentic implant manufacturer parts.)

#### Screw-Retained Temporaries

Anterior or Posterior

PMMA Temporary

ZBLC Zirconia Abutment with PMMA Temporary

#### Tissue Formers

Anterior or Posterior

Tissue Former With  
 Clear PMMA  
 Shaded PMMA

ZBLC Zirconia Tissue Former

#### SocketFormer Provisional

For Immediate Implant

PMMA Clear

Shaded PMMA

#### TempShell™ Temporaries

Anterior or Posterior

STL Scan (not-guided)

STL with Scan Flag (guided surgery)

### Surgical Guide For Zero Bone Loss Concept™ Crown

(All restorations use parts from the authentic implant manufacturer)

Surgical Guide Only  Tissue Former  Screw-Retained Temporary  TempGuard™ Ret w/ Tissue Former

### Palatal Stent, Essix Retainer, and TempGuard™ Retainer

Palatal Stent  Essix Retainer  TempGuard™ Retainer with Tissue Former

### 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