

Pan# _____

Dr# _____

Date: _____



DENTAL LAB
IMPLANT Rx

Doctor _____ Requested Return Date _____

Patient _____ M/F _____ Age _____

Implant Reference: Size _____ Brand _____ Tooth #. _____

Implant Reference: Size _____ Brand _____ Tooth #. _____

Implant Reference: Size _____ Brand _____ Tooth #. _____

OEM Parts Only

IMPLANT PACKAGE
POSTERIOR ONLY

- SCREWMENTABLE RESTORATIONS
- SCREW-RETAINED RESTORATIONS
- CEMENT-RETAINED RESTORATIONS

Material

- Non-Precious PFM Porc Pressed to ZR
- White High Noble PFM Zirconia
- IPS e.max

• SELECT RESTORATION TYPE

- Crown Non-engaging
- Bridge Engaging
- Splinted Crowns

• ABUTMENT SELECTION

- Gold Hue Tibase to zirconia abutment
- Titanium abutment
- Zirconia abutment

Implant Package Includes: Gold Hue, Final Screw, Soft Tissue Model

ANTERIOR IMPLANTS
CUSTOM COMPONENTS

- SCREWMENTABLE RESTORATIONS
- SCREW-RETAINED RESTORATIONS
- CEMENT-RETAINED RESTORATIONS

Material

- Non-Precious PFM Porc Pressed to ZR
- White High Noble PFM Zirconia
- IPS e.max

• SELECT RESTORATION TYPE

- Crown Non-engaging
- Bridge Engaging
- Splinted Crowns

• ABUTMENT SELECTION

- Gold Hue Tibase to zirconia abutment
- Titanium abutment
- Zirconia abutment

Anterior Implants will also require Soft Tissue Model & New Surgical Screw

SCAN SUBMITTED WITH:

- Itero Cerec 3Shape Trios Medit Date _____

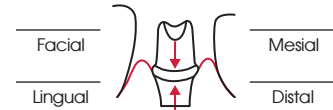
Terms: Balances not paid within 30 days of statement are subject to a delinquency charge. Accounts that become 45 days past due will be placed on C.O.D., and a portion of the remaining balance will be added to each case delivered thereafter. The dentist will be responsible for all collection costs including attorney's fees incurred in the event that account collection becomes necessary.

Dentist's Signature _____ License # _____ Date _____

Gold Dust Dental, Inc. • 2242 S. McClintock, Suite 1 • Tempe, Arizona 85282
(480) 968-6131 • 1-800-513-6131 • FAX (480) 968-8831 • E-MAIL: rx@golddustdental.com

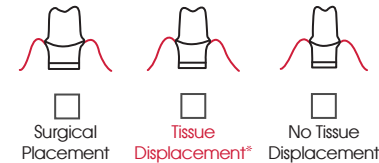
ABUTMENT MARGIN DEPTH

OEM Only (Please note does not qualify for package pricing)



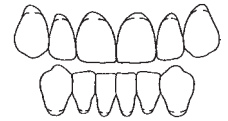
* If left blank, default values will be used (Defaults: Facial: -1mm, Mesial: -0.75mm, Distal: -0.75mm, Lingual: -0.5mm)

ABUTMENT EMERGENCE PROFILE



* If left blank, default (Tissue Displacement) will be used.

- Hybrid Zirconia with pink porcelain: Gingival Shade _____
- Use angled screw channel



Shade:

- Cervical Shade: _____
- Body Shade: _____
- Incisal Shade: _____
- Occlusal Stain: _____

Preparation Shade with Natural Teeth #: _____

See Preparation Shade photo for details

CEJ - CEJ: # _____ to # _____ Preop _____ mm Final _____ mm

Length Desired From Margin:

Centrals _____ mm Laterals _____ mm Canines _____ mm

Smile Design: Guide Used _____ Style _____

Pontic Design _____

Other Shade & Finish Information:

Incisal Translucency: Minimal (0.5mm) Moderate (1.0mm) Maximum (1.5mm)

Shade of Translucency: Clear Frosted Amber

Surface Texture: High Medium Light Smooth

Surface Morphology: Heavy Medium Light Smooth

OK to relieve opposing? YES NO _____

OK to relieve prep? YES NO w/Reduction Coping _____

Preferred method of communication: Phone Email _____

Additional Information: _____

Seating jig requested _____

SENT: IMP Coping Analog

NOTE: OEM Asc is cementless and components will arrive separately

SINGLE UNIT: #7 -10 will arrive uncemented for shade verification.