

Shade

Instructions

Patient (last, first)

Doctor (last, first)

License No.

Address

Doctor Signature

Date

Pan Number _____

Route _____

Due Date _____

Appt. Time _____

*Note: 5pm unless otherwise specified

**Refer to implant key above for implant preferences

Implant Manufacturer _____

Size _____

Platform _____

Ref. No _____

Scanbody _____

ABUTMENT TYPE
Please check one

Custom CAD/CAM Ti.

Custom CAD/CAM Zr.

Ti. Base

Stock Titanium

UCLA Custom Cast

EMERGENCE PROFILE
Please check one

1 2 3

INTERPROXIMAL EMBRASURES
Please check one

1 2 3 4

CROWN DESIGN
Please check one

1

A
B

 2 3

**IMPLANT KEY

EMERGENCE PROFILE:



Minimal Tissue Flare
No Blanch
(default)



Medium Flare
Slight Blanch



Full Flare
Surgical Set

INTERPROXIMAL EMBRASURES:



Copy Adjacent Teeth
(default)



Pink Tissue

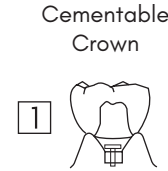


Fill Black Spaces



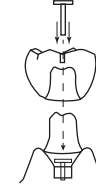
Ridge Lap Crown

CROWN DESIGN:



Any Abutment

NDL Screw Access



Cast, Titanium CAD,
or Stock TI Abutment

2A
Screwentable
Dr. to Bond

2B
Bond in Lab



Splinted

RESOURCES



Downloads



Schedule
Pickup