

## Implant Crown & Bridge Rx

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Rx Date: \_\_\_\_\_

Patient: \_\_\_\_\_

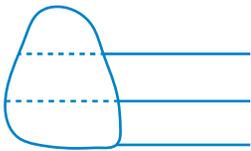
Return Date & Time: \_\_\_\_\_

Call Me

Doctors Signature: \_\_\_\_\_

Licence Number: \_\_\_\_\_

### Shade



Stump  
Shade: \_\_\_\_\_

### Translucency

- None
- Light
- Medium
- Heavy

### Occlusal Stain

- None
- Light
- Medium
- Heavy

### Custom Shade

Date and Time: \_\_\_\_\_

Contact Patient:  Y  N

Patient's Phone: \_\_\_\_\_

### PFM

- High Noble
- Noble
- Base

### Full Metal

- High Noble
- Noble
- Base

### Reinforced Ceramic

- Lab Select
- Suprinity
- e.max

### Zirconia

- HS Full Contour
- HT Full Contour
- Layered Ceramic

### Pontics

- Modified (Standard) 
- Hygienic 
- Ridge Lap 
- Bullet 

### Tissue Compression

(Implants and Pontics)

- None
- Light (standard)
- Heavy

### Implant Design

- Screw Retained
- Cementable

### Abutment

- Lab Select
- Custom Zirconia
- Custom Metal
- Stock Abutment

### Substructure Design

- Porcelain Butt Joint Facial
- Porcelain Butt Joint 360°
- Metal Occlusal /  
Lingual Surface
- Lingual Metal Band
- 360° Metal Band
- No Metal Showing

Notes: \_\_\_\_\_

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