

Dr: _____ Date: _____

Address: _____

City: _____ State: _____

Phone: _____ ZIP: _____

Patient: _____ Age: _____

Male Female Use Name for Patient I.D.

Specialist/Referral _____

Bill to: GP Specialist

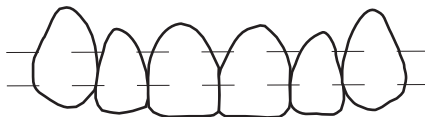
Request Return Date: _____ Time: _____



Made in the U.S.A.

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EdmondDentalProsthetics.com

CERAMIC SHADE INSTRUCTIONS



SHADE

Desired Shade: _____
Pink porcelain at gingiva? Yes No

OCCCLUSAL STAINING

None Light Medium Heavy

EMBRASURES

Open Closed

CONTACTS

Broad & Tight Pinpoint Light

SURFACE ANATOMY

Smooth Moderate Textured

RESTORATION SELECTION

Screw-retained Cementable Screwmentable
 Temporary UCLA Removable

E-Zr Layered Zirconia
 Porcelain to High Noble Yellow
 Porcelain to High Noble White
 Porcelain to Noble White
 Porcelain to Base Metal Capella Upgrade

E-Zr Total Zirconia
 IPS e.max
 Full Cast

Surgical Guide

TOTAL IMPLANT PACKAGE

SIMPLETE ABUTMENT PROCESS? Yes No
(Includes patient-specific abutment, abutment screw, placement jig, lab analog, soft tissue model)

IMPLANTS

(Please include impression components with case)

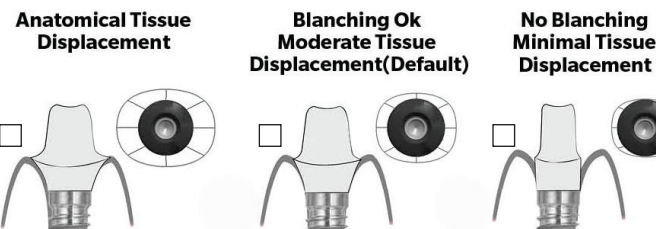
Brand _____ Type _____ Size _____ Tooth# _____

All On 4 Pro Arch Conus Minimum Vertical
12 mm Fixed 14 mm Removable

ABUTMENT SELECTION

PT.-SPECIFIC MILLED ABUTMENT: Titanium Gold Hue Zirconia
PT.-SPECIFIC CAST ABUTMENT: Noble White Noble Gold
STOCK ABUTMENT
DR. WILL PROVIDE Analog Abutment

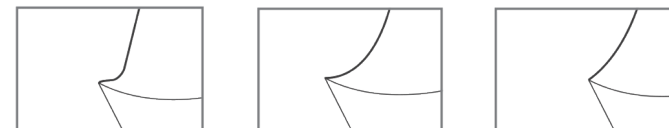
ABUTMENT EMERGENCE PROFILE



Healing Abutment - black circle **Margin** - outer gray line
Option three may require tissue adjustment and relief for placement.

ABUTMENT MARGIN DESIGN

Shoulder (Default) Chamfer Feather



Abutment illustrations provided by Zimmer Biomet

MARGIN PLACEMENT

B/F	D	M	L
1.0	.50	.50	0
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Payment is due upon receipt of statement. Payment not received by the end of the following month is subject to a 1.5% per month service charge on the unpaid balance.

Your signature is acceptance of these terms.
Each prescription must be completed and signed.

X _____
Doctor Signature License Number