Implants Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ ☐ M ☐ F DOB _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

Case turnaround times are based on the date the Rx is received at DBS Lab.
Please allow 13 business days (M-F) from that date.

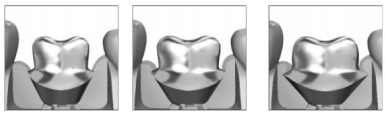
CEMENT RETAINED ABUTMENT TYPE

☐ Custom Titanium Abutment ☐ Custom Zirconia Abutment

Design

☐ L - 0.5mm
☐ B - 1mm
☐ D - 0.5mm
☐ M - 0.5mm

Emergence Profile



☐ Follow tissue (no expansion)
☐ Contour design (expand tissue by 0.5mm)
☐ Anatomical (fully expand tissue)

SCREW RETAINED

☐ Screw retained - change to cement retained if not possible
☐ Screw retained - continue regardless of access hole position

☐ Zirconia Solid (Posterior default)
☐ PFM
☐ Solid Lingual (Anterior default)
☐ Full cast crown

Emergence Profile

☐ Push tissue by 0.5mm
☐ Anatomical design
☐ Ridge lap on buccal

Implant

Type _____

Diameter _____

To be included

☐ Lab analog
☐ Impression coping
☐ Abutment
☐ Others

CASE INSTRUCTIONS

Please CIRCLE single units and BRACKET splinted units

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Metal

☐ **White HN***
☐ Yellow HN
☐ Semi-precious
☐ Non-precious

Zirconia / All Ceramic

☐ Zirconia Solid
☐ Zirconia Layered
☐ IPS e.max *Not recommended w/ titanium abutment*
☐ **Lithium Disillicate***

Restoration

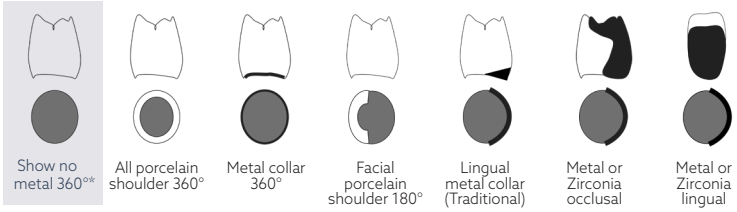
☐ Crown ☐ Bridge

Return for

☐ Die trim
☐ Bisque
☐ Metal try-in
☐ **Finish***

MARGIN DESIGN

Please circle your choice(s) of margin combination

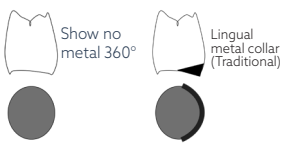


Show no metal 360°* | All porcelain shoulder 360° | Metal collar 360° | Facial porcelain shoulder 180° | Lingual metal collar (Traditional) | Metal or Zirconia occlusal | Metal or Zirconia lingual

CROWN DESIGN

Characterizations **Tooth Shade** (REQUIRED) _____

Pontic Design



If Insufficient Room

☐ **Trim opposing***
☐ Call
☐ Reduction coping
☐ Metal occlusal
☐ Metal island
☐ Metal ☐ Resin

Occlusal Clearance ☐ **Light*** ☐ Open ☐ Tight

Contact ☐ **Light*** ☐ Medium ☐ Heavy

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case

Email photos to: info@dobestdental.com

_____

_____

_____

Dentist signature** _____
(REQUIRED)

Dentist license no. _____
(REQUIRED)

Standard design if an option is not selected