HYBRIDGE LABORATORY

Click for instructional video

CASE INFORMATION

Doctor: _____

Patient Name: _____

Date Sent: _____

Date Due in Office: _____

Implant Brand / Type: _____

MUA Used ☐ Y ☐ N MUA Brand: _____

Tooth Shade_____ Mold_____ Tissue Shade_____

Upper ☐ G5 ☐ G4 ☐ Prime Z ☐ MZ ☐ Denture

Lower ☐ G5 ☐ G4 ☐ Prime Z ☐ MZ ☐ Denture

G5 – PMMA w/Chrome, Milled Interface
G4 – PMMA w/Chrome, TiBases
Prime Z – Zirconia w/Substructure
MZ – Monolithic Zirconia

1. INITIAL RECORDS – Determining Tooth Setup

DENTATE START – Create Setup ◯ U ◯ L

EDENTULOUS START OPTIONS

- ☐ Full Setup Tryin ◯ U ◯ L
- ☐ Anterior/Partial Setup Tryin ◯ U ◯ L
- ☐ Trial Base / Bite Rims ◯ U ◯ L
- ☐ Provide File for In-Office Printing

Email: _____

2. SURGICAL GUIDE OPTIONS

Surgery Date _____

Guided Drill System _____

- ☐ Pre-Surgical Planning Only ◯ U ◯ L
- ☐ **Dentate** eXact Fully Guided ◯ U ◯ L
- ☐ **Edentulous** eXact Fully Guided ◯ U ◯ L
- ☐ Mucosa-Supported Guide ◯ U ◯ L
- ☐ Non-Restrictive Denture Guide (3in1) ◯ U ◯ L

3. PROVISIONAL OPTIONS – Choose One

- ☐ Immediate Fixed Provisional ◯ U ◯ L
  Only available with eXact Guides
  - ☐ Backup Printed Denture ◯ U ◯ L
- ☐ Use Non-Restrictive Guide (3-in-1) ◯ U ◯ L
- ☐ Temporary Denture ◯ U ◯ L
- ☐ Provisional Design Only ◯ 1 Hour ◯ Next Day

4. POST-IMPLANT CAPTURE

☐ **Photogrammetry Capture**

Camera Brand: _____

◯ STL sent ◯ Coordinates sent (.csv file)

☐ **IOS Scanalog™** * Intra-oral cementation recommended

☐ **IOS Alternative**
Optisplint, IOConnect, etc
System Used: _____

Scanbody Chosen: _____

☐ **XD CBCT**
CBCT Dual Scan
* Intra-oral cementation required

Required Implant Information: **Diameter/Length** of each individual implant w/ associated **cuff height** for MUA's if used. Please notate on page 2 of the rx.

☐ **Analog Index/Impression**

5. POST-IMPLANT TRYIN (Optional)

☐ Modification needed ☐ Remount

☐ **Screw Retained Printed Tryin** ◯ U ◯ L

☐ Provide File for In-Office Printing

Email: _____

☐ **Long Term Fixed Provisional** ◯ U ◯ L
(PMMA Prototype)

☐ **Hybridge Framework with Setup** ◯ U ◯ L

6. PROCESS / FINISH – Choose Final Product

Upper ☐ G5 ☐ G4 ☐ Prime Z ☐ MZ ☐ Denture

Lower ☐ G5 ☐ G4 ☐ Prime Z ☐ MZ ☐ Denture

☐ Modification Needed ☐ Remount ☐ MZ Upgrade to Gingival Layering ☐ Cement Ti-Bases Chairside

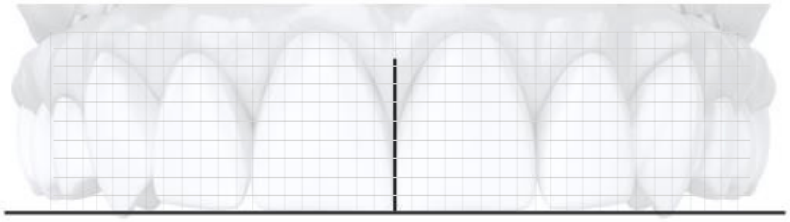
☐ Duplicate Hybridge ☐ Retread Existing Hybridge ☐ Reline

EXOCAD Review ☐ Dr. Name _____

SPECIAL INSTRUCTIONS:

I understand that by submitting this case, I am expressly agreeing to the terms and conditions of Hybridge's Dental Lab available at HybridgeLabTerms.com

☐ Smile Design Sent



Desired Gingival Height / Incisal Length / Midline

Use Adobe PDF Drawing Tools

Notes

Prosthetic Vision Checklist

Vertical Dimension

☐ Approved

Open _____

Close _____

If changes, at the expense of

☐ Upper ☐ Lower ☐ Both

Horizontal Overjet

☐ OK

Change _____

Arch Form

☐ OK

☐ Widen ☐ Pull In