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LAB. USE

Case No. _____

Pan No. _____

Lab Date _____

Dr. _____

Patient _____

Age ____ Gender M F Teeth Restored or Replaced _____

Appointment Date: _____ Next Appointment _____ Time: _____

Implant Supported Full-Arch Restorations

Services

- ☐ Duplicate Denture ☐ Interim Denture ☐ Chairside Conversion
(Local Dr.'s Only)

Type of Restoration

- ☐ Cemented ☐ Screw Retained ☐ Combination

- ☐ Pro E.Max® Bridge
(Titanium Bar with E.Max® teeth & Pink Composite Tissue)
- ☐ Zirconia Prosthesis Bridge
(Monolithic Zirconium Frame with Anterior Layered Porc. & Pink Porc. Tissue)
- ☐ Hybrid Denture - *Choose options below*
(Titanium Bar with denture teeth and pink acrylic tissue)
- ☐ Dentsply Conus Abutment Denture

Screw Retained Bar options

- ☐ Montreal Bar - *(Default)*
(Polished titanium against tissue)
- ☐ Full Wrap Bar
(Acrylic against tissue)

Implant System

- | | | Implant Tooth # | Diameter |
|---------------------------------------|---|-----------------|----------|
| <input type="checkbox"/> Ankylos | <input type="checkbox"/> Implant Direct | _____ | _____ |
| <input type="checkbox"/> Astra-Tech | <input type="checkbox"/> Imtech 3M | _____ | _____ |
| <input type="checkbox"/> BioHorizons | <input type="checkbox"/> Neodent | _____ | _____ |
| <input type="checkbox"/> Biomet 3i | <input type="checkbox"/> Neoss | _____ | _____ |
| <input type="checkbox"/> Blue Sky Bio | <input type="checkbox"/> Nobel Biocare | _____ | _____ |
| <input type="checkbox"/> Dio Navi | <input type="checkbox"/> Straumann | _____ | _____ |
| <input type="checkbox"/> Hiossen | <input type="checkbox"/> Zimmer | _____ | _____ |
| <input type="checkbox"/> Other _____ | | _____ | _____ |

Shade & Shape

Anterior Tooth Shade _____ Mold _____

Arrangement ☐ Bold ☐ Soft Size ☐ Small ☐ Medium ☐ Large

Posterior Tooth Shade _____ Mold _____

☐ 0° ☐ 15° ☐ 22° ☐ 33° Size ☐ Small ☐ Medium ☐ Large

Instructions

Appointment Schedule *(Normally two - three months to restore)*

- | | |
|---|--|
| 1. _____ After Open Tray Implant Level Impression
5-10 work days | 4. _____ After Framework try-in
10-15 work days |
| 2. _____ After Verification Jig/Bite Rim
10-15 work days | 5. _____ Final Seat
Keep models for any further
work needed in the future. |
| 3. _____ After teeth Try-in 15-20 work days | |

Please send: ☐ Rx Forms ☐ Mailing Boxes ☐ Mailing Labels ☐ Product Info on _____

Terms: Net 30 days. A 2% a month finance charge is added to all past due accounts. Accounts over 30 days past due will be placed on COD including outstanding balance due with shipment of case. Dentist will be responsible for all collection costs, including attorney's fee to collect past due balance. By signing below you are legally obligated to these terms.

Dentists Signature _____ License # _____