TREASURE
DENTAL LAB

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LAB. USE

Case No. _____

Pan No. _____

Lab Date _____

Dr. _____

❑ Digital Impression System _____

Patient _____

Age ___ **Gender** M F **Teeth Restored or Replaced** _____

Prep Date: _____ **Seat Date:** _____ **Seat Time:** _____

Restorations by Advanced Technical Department (L.V.I. and P.A.C.-live trained) ❑

FIXED IMPLANT RX FORM

For all anterior cases please provide the following items and mark they have been sent

❑ Pre-Op Model ❑ Wax Presentation Model or Model of Temps ❑ Stick Bite ❑ Face Bow
❑ Measurement of Central ❑ Underlying Tooth Color (prep shade) ❑ Photos for Shade

Type of Restoration
❑ Cemented ❑ Screw Retained

All-Porcelain/Zirconia Temporaries
❑ IPS e.max ❑ PMMA Milled
❑ PFZ Handstack ❑ Composite
❑ Full Contour Zirconia - *Monolithic Zirconia 1200-1300 MPA*
❑ Bad AZ TM - *Monolithic Zirconia High Translucency 700-800 MPA, Single Units & up to 3 unit anterior bridge*

Porcelain Fused-to-Metal
❑ **High Noble/Precious**
❑ Base/Non-Precious

Full Gold Crown
❑ **High Noble/60%**
❑ Noble 41%
❑ Noble/Argenco Y+

ABUTMENT TYPE
❑ Custom Titanium CAD
❑ Custom Titanium
❑ Ti base with Custom Zirconia
❑ Custom Gold
❑ Have lab choose which is best
❑ Stock Titanium _____
❑ Dr. Supplied Stock _____
❑ Other _____

Implant System _____
Implant Parts Provided by Dr.
❑ Impression Coping Enclosed
❑ Analog Enclosed
❑ Abutment Enclosed
❑ Final Screw Enclosed

Metal Design
❑ No Collar
❑ Small lingual collar
❑ Small lingual & buccal collar
❑ Metal lingual/Metal occlusal

Pontic Design

Full Ridge	Partial Ridge	No Ridge	Point Contact	No Contact	Ovate
❑	❑	❑	❑	❑	❑

MARGIN POSITION OPTIONS

❑ **One Millimeter Buccal** (DEFAULT)
Abutment margin placed 1 mm below tissue on buccal. 0.5mm on mesial/distal and lingual

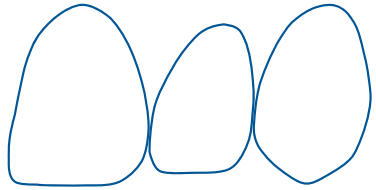
❑ **Your Design Specifications**
Buccal _____ Distal _____
Mesial _____ Lingual _____

EMERGENCE WITH OPTIONS

❑ **Full Anatomical Dimensions** (DEFAULT)
largest diameter abutment provided with best emergence profile possible.
❑ **Contour Soft Tissue**
Medium diameter anatomically shaped abutment up to 1.0 mm larger than the sulcus of model of soft tissue provided.
❑ **No Tissue Displacement**
Abutments with no soft tissue support. The abutment will not touch the soft tissue or stone model of the soft tissue provided.

(All Single Centrals Send Photos)

Gingival Shade _____
Body Shade _____
Incisal Shade _____
Prepped Tooth Shade _____
(All-Porcelain & Lava)



Occlusal Stain: ___ None ___ Light ___ Medium ___ Dark
Incisal Translucency: ___ None ___ Minimal (0.5) ___ Moderate(1.0) ___ Maximum(1.5)
Shade of Translucency: ___ Clear (Blue) ___ Smoke (Grey) ___ Frosted (Chalky White) ___ Amber (Orange)
Surface Texture: ___ Heavy ___ Medium ___ Light ___ Smooth (No surface texture)

SPECIFIC INSTRUCTIONS: ___ Please call me ___ Please evaluate my preps & impressions
___ Please send me a card to evaluate the technicians completed work

Tooth #	Platform Diameter	Implant System/Instructions

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 # _____