

Implants Rx

Laboratory Prescription



Case turnaround time are based on the date the Rx is received.
Please allow 13 business days (M-F) from the date.

REQUIRED INFORMATION

Doctor Name: _____

Practice Name: _____

Address: _____

Phone: _____

Patient Name: _____

Patient Chart: # _____ M F DOB _____

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

Metal

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

Emergence Profile

- Crown Bridge

Zirconia / All Ceramic

- Zirconia Solid IPS e.max Not recommended w/ titanium abutment
 Zirconia Layered Lithium Disilicate*

Return for

- Die trim Metal try-in
 Bisque Finish*

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 cement retained if not possible regardless of access hole position

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

Emergence Profile

- Push tissue by 0.5mm
 Ridge lap on bucca
 Anatomical design

Implant

Type _____

Diameter _____

To be included

- Lab analog Abutment
 Impression coping Others

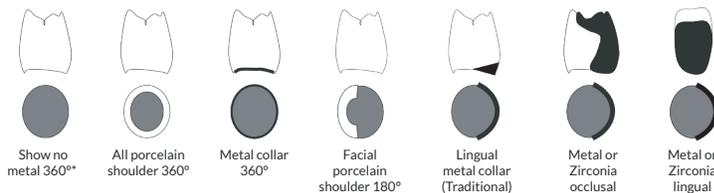
CASE INSTRUCTIONS

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

MARGIN DESIGN

Please circle your choice(s) of margin combination



CROWN DESIGN

Characterizations

Tooth Shade (REQUIRED) _____

Pontic Design



If Insufficient Room

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

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
Email photos to: implants@ddslab.com

Dentist signature**
(REQUIRED)