

IMPLANTS

Dr. _____

Patient _____ M F Age _____

Rx Date	/ /	DUE Date	/ /
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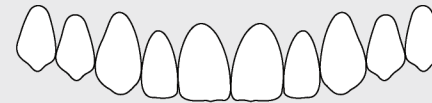
Tel : (559) 228-8609 • Fax : (559) 777-4775

info@esmiledentallab.com • www.esmiledentallab.com

Rx Indicate Implant System _____
 Indicate Implant Size _____ mm
 Please order all Implant Components for this case
 Please send lab analogs for this case (For digital cases only)



FINAL SHADE INSTRUCTIONS



Tooth No. _____

Final Shade _____

Occlusal Staining : Light * Med Dark None

SELECT FINAL CUSTOM ABUTMENT

Choose Material

- Titanium *
- Zirconia
- Ti / Zir Hybrid
- Gold Alloy

Choose Brand

- Straumann *
- Zimmer Biomet 3i Encode
- Nobel Biocare
- Dentsply / Astra

Other (Please specify) _____

PARALLEL ABUTMENTS

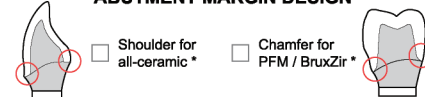
No Yes (indicate which abutments will have restorations splinted together for insertion)

ABUTMENT MARGIN DEPTH (mm)

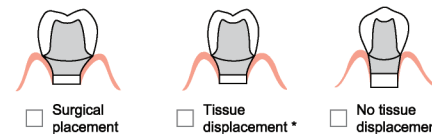
<input type="checkbox"/> Supra		<input type="checkbox"/> Supra
<input type="checkbox"/> Sub		<input type="checkbox"/> Sub
	Facial	Mesial
<input type="checkbox"/> Supra		<input type="checkbox"/> Supra
<input type="checkbox"/> Sub		<input type="checkbox"/> Sub
	Lingual	Distal

If left blank, default values will be used

ABUTMENT MARGIN DESIGN



ABUTMENT EMERGENCE PROFILE



SELECT RESTORATION TYPE

Crown Splinted Crowns Bridge

CEMENT-RETAINED RESTORATIONS *
 SCREW-RETAINED RESTORATIONS

- | | |
|--|--|
| <input type="checkbox"/> HT Full Zirconia | <input type="checkbox"/> PFM (Non-Precious) |
| <input type="checkbox"/> LT Full Zirconia | <input type="checkbox"/> PFM (Semi-Precious) |
| <input type="checkbox"/> Zirconia w/ Facial Cut-Back | <input type="checkbox"/> PFM (High Noble White) |
| <input type="checkbox"/> Porcelain Layered Zirconia | <input type="checkbox"/> FMC (Non-Precious) |
| <input type="checkbox"/> IPS e.max HT | <input type="checkbox"/> FMC (Semi-Precious) |
| <input type="checkbox"/> IPS e.max LT | <input type="checkbox"/> FMC (High Noble Yellow) |
| <input type="checkbox"/> Straumann nIce | <input type="checkbox"/> FMC (High Noble White) |

ORIENTATION (ANTI-ROTATION) GROOVE

Yes (Buccal) * No

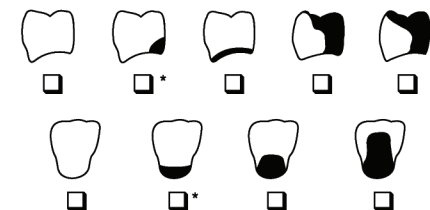
CONTOUR AND OCCLUSION DESIGN

Embrasures : Closed * Open
 Occlusion : Light * Ideal Open mm Out
 Contacts : Broad & Medium * Tight Light

PONTIC DESIGN FOR BRIDGE



METAL DESIGN



* Standard unless specified otherwise

IF NO OCCLUSAL CLEARANCE

- Call Doctor
- Spot Opposing *
- Metal Occlusion
- Metal Island
- Make this a default in my master file

Signature _____ License # _____