

# IMPLANT RESTORATION FORM

This form is requested for all implant restorations. It is used in addition to the prescription. Please place the Case Number (found on the top right of the Rx) in this box:

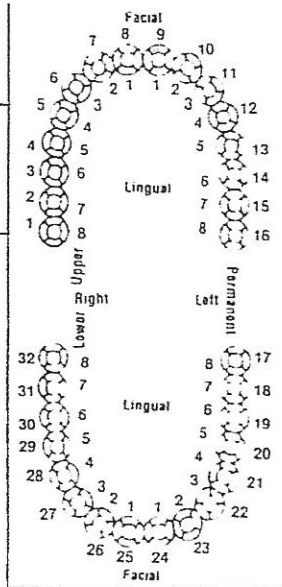
Date Due \_\_\_\_\_ Case \_\_\_\_\_

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

Shade \_\_\_\_\_ Approx. Age. \_\_\_\_\_

\_\_\_\_\_ % Yellow Gold  
 White Gold  
 Full  Silver  
 Cast  Non Precious  
 Ceramic  Porc. to Gold  
 Porc. to Palladium  
 Porc. to Non Precious  
 All-Ceramic



Anterior Design        
 Posterior Design

Pontic Design

Ridge Relief  
 Light  Medium  Heavy

Facial Margins  
 Metal band  No Metal  All porc. band

Occlusal Staining  
 None  Light  Medium  Heavy

Try in   
 Finish

Additional Instructions  
For implant cases—Please use additional form

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dr. Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Lic. No. \_\_\_\_\_ Date \_\_\_\_\_

For Lab Use Only

Metal Type \_\_\_\_\_ Wt. \_\_\_\_\_

**Please complete A, B, C, & D**

A. Implant:  
 Make \_\_\_\_\_  
 Model \_\_\_\_\_  
 Size \_\_\_\_\_

Example:  
 Nobel \_\_\_\_\_  
 Replace \_\_\_\_\_  
 RP \_\_\_\_\_

B. Abutment:  
 Selected (or placed) by Doctor \_\_\_\_\_  
 Modification Required?  
 Yes \_\_\_\_\_  
 By Dr. \_\_\_\_\_  
 By Lab \_\_\_\_\_

Or,

Selected by Lab \_\_\_\_\_  
 Stock (Off the Shelf) Abutment? \_\_\_\_\_  
 Straight \_\_\_\_\_  
 Angled \_\_\_\_\_  
 Material:  
 Titanium \_\_\_\_\_  
 Zirconia \_\_\_\_\_  
 Custom Abutment \_\_\_\_\_  
 Material  
 Titanium (milled) \_\_\_\_\_  
 Zirconia (milled) \_\_\_\_\_  
 Gold (cast-to UCLA) \_\_\_\_\_

C. Impression Technique:  
 Regular C&B Impression \_\_\_\_\_  
 Closed Tray Transfer Pickup \_\_\_\_\_  
 Open Tray Transfer Pickup \_\_\_\_\_

D. Type of Restoration:  
 Full Cast Gold \_\_\_\_\_  
 PFM \_\_\_\_\_  
 Lava (or Procera) \_\_\_\_\_  
 e.Max \_\_\_\_\_

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