CREATIVE DENTAL LAB

The Art Behind the Perfect Smile | McAllen, Texas | (956) 460-9843

IMPLANT

Laboratory Prescription

DOCTOR & PRACTICE

DOCTOR NAME

PRACTICE NAME

PHONE

EMAIL

LICENSE #

PRACTICE ADDRESS

PATIENT & DATES

PATIENT NAME OR ID

AGE

DATE SENT

DATE NEEDED

- ☐ Digital scan sent
- ☐ Impressions
- ☐ Models
- ☐ Bite registration
- ☐ Photos
- ☐ Opposing
- ☐ Pickup requested
- ☐ Rush (call first)

TEETH (CIRCLE OR MARK)

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

Universal numbering. Upper arch: 1-16 | Lower arch: 17-32

RESTORATION

- ☐ Screw-retained crown
- ☐ Cement-retained crown
- ☐ Custom abutment
- ☐ Implant bridge
- ☐ All-on-4
- ☐ All-on-6
- ☐ All-on-X
- ☐ Implant overdenture
- ☐ Titanium bar
- ☐ PMMA provisional
- ☐ Surgical guide
- ☐ Full-arch zirconia

ABUTMENT MATERIAL

- ☐ Titanium
- ☐ Zirconia
- ☐ Ti-base
- ☐ Stock (send part #)

IMPLANT SYSTEM / BRAND

PLATFORM / SIZE

COMPONENTS SENT (SCAN BODY, ANALOG, ETC.)

SHADE

BODY SHADE

INCISAL / GINGIVAL

STUMP SHADE

SHADE GUIDE

- ☐ Match adjacent
- ☐ Photos attached
- ☐ In-person shade match
- ☐ Characterization

SPECIAL INSTRUCTIONS

DOCTOR SIGNATURE

DATE

RETURN BY

Disinfect all impressions and appliances before sending. Include this form with every case. Protect patient information.

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