



Implant Prescription

<p>DR: _____</p> <p>STREET: _____</p> <p>CITY: _____</p> <p>STATE: _____ ZIP: _____</p> <p>PHONE: (____) _____</p>	<p>CASE ENCLOSURES</p> <p>Impressions Qty</p> <p><input type="checkbox"/> Upper # _____</p> <p><input type="checkbox"/> Lower # _____</p> <p>Models</p> <p><input type="checkbox"/> Upper # _____</p> <p><input type="checkbox"/> Lower # _____</p> <p>Implant Parts</p> <p><input type="checkbox"/> Abutment # _____</p> <p><input type="checkbox"/> Analog # _____</p> <p><input type="checkbox"/> Impression Post # _____</p> <p>Other</p> <p><input type="checkbox"/> Bite(s) # _____</p> <p><input type="checkbox"/> Photo(s) # _____</p> <p><input type="checkbox"/> Emailed: photo@raglelab.com</p> <p><input type="checkbox"/> Pre-Op Model</p> <p><input type="checkbox"/> Temp Model</p>	<p>PLEASE CALL</p> <p><input type="checkbox"/> Before proceeding</p> <p><input type="checkbox"/> To discuss restorative options</p> <p><input type="checkbox"/> Patient will call for custom shading appt.</p> <p>Note: Case is placed on hold until a response is received. Allow 1 day for call. Allow 2 days when model work needs completed prior to call.</p>	<p>PLEASE SEND</p> <p><input type="checkbox"/> Prescriptions</p> <p><input type="checkbox"/> Large Boxes</p> <p><input type="checkbox"/> Small Boxes</p> <p><input type="checkbox"/> Safety Bags</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> NEW CASE</p> <p><input type="checkbox"/> LAB ADJUST</p> <p><input type="checkbox"/> REMAKE</p> <p><input type="checkbox"/> Original Crown Inc.</p>																
<p><input type="checkbox"/> TRY IN METAL <input type="checkbox"/> BISQUE BAKE <input type="checkbox"/> COMPLETE</p> <p>PATIENT INFORMATION:</p> <p>(LAST): _____</p> <p>(FIRST): _____</p> <p>AGE: _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p>		<p>MARGIN DESIGN</p> <p>Tooth #(s) _____</p> <p>Metal/Porc Junction _____</p> <p>Metal/Porc Junction 360° _____</p> <p>Metal Margin 360° _____</p>	<p>DETERMINE DELIVERY DATE</p> <p>*See time schedule</p> <p>Requested Return Date _____ MO / _____ DAY / _____ TIME</p> <p>Patients Next Appointment _____ / _____ / _____</p>																	
<p>CUSTOM ABUTMENT TYPE</p> <p><input type="checkbox"/> RCAD</p> <p><input type="checkbox"/> Zimmer Friction Fit Milled</p> <p><input type="checkbox"/> Atlantis</p> <p><input type="checkbox"/> Biomet 3i Encode</p>	<p>RESTORATION TYPE</p> <p>ALL-CERAMIC</p> <p><input type="checkbox"/> Emax</p> <p>PORCELAIN TO METAL</p> <p><input type="checkbox"/> CAPTEK™</p> <p><input type="checkbox"/> High Noble (white)</p> <p><input type="checkbox"/> Noble (white)</p> <p>FULL CAST</p> <p><input type="checkbox"/> High Noble (yellow)</p> <p><input type="checkbox"/> Noble (yellow)</p> <p>DIAGNOSTICS</p> <p><input type="checkbox"/> Esthetic Wax-up</p> <p><input type="checkbox"/> Prep Model</p> <p><input type="checkbox"/> Esthetic Set-up</p> <p><input type="checkbox"/> Radica Temps</p>	<p>SHADING</p> <p>_____ Tooth Shade</p> <p><input type="checkbox"/> Lab Custom</p> <p>Appointment ____/____/____</p> <p><input type="checkbox"/> See Shade Map</p> <p><input type="checkbox"/> Guide Enclosed</p> <p>OCCUSAL STAINING</p> <p><input type="checkbox"/> None <input type="checkbox"/> Light</p> <p><input type="checkbox"/> Medium <input type="checkbox"/> Heavy</p> <p>CONTACTS</p> <p><input type="checkbox"/> Light</p> <p><input type="checkbox"/> Standard</p> <p><input type="checkbox"/> Strong</p>	<p>ESTHETIC DETAILS</p> <p><input type="checkbox"/> Follow Existing Pre-op</p> <p><input type="checkbox"/> Follow Temp Model</p> <p><input type="checkbox"/> Follow Wax-up</p> <p><input type="checkbox"/> Make Improvements</p> <p><input type="checkbox"/> See Written Instructions Below</p> <p>Follow Denture Mould # _____</p> <p><input type="checkbox"/> Future Treatment</p> <p>See Written Instructions Below</p>	<p>Please circle tooth #'s:</p>																
<p>IMPLANT TYPE</p> <p><input type="checkbox"/> Ti <input type="checkbox"/> Zr</p> <p>Size _____</p> <p>Blanching</p> <p><input type="checkbox"/> No Blanch</p> <p><input type="checkbox"/> Light Tissue Contour Blanch</p> <p><input type="checkbox"/> Full Anatomical Blanch</p> <p>Margin Depth</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%; text-align:center;">1.0</td> <td style="width:10%; text-align:center;">1.5</td> <td style="width:10%; text-align:center;">2.0</td> </tr> <tr> <td>Facial</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Interprox</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Lingual</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>		1.0	1.5	2.0	Facial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interprox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lingual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>ADDITIONAL INSTRUCTIONS:</p> <p>_____</p> <p>_____</p> <p>_____</p>			
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Interprox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
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<p>Signature of Dentist Required _____</p>		<p>Dentist License # _____</p>																		

