

REQUIRED INFORMATION

Due Date : ____ / ____ / ____ Surgery Date : ____ / ____ / ____

Doctor's Name : _____

Practice Name : _____

Address : _____

Phone Number : _____ RX Date : ____ / ____ / ____

Patient Name : _____

Age : _____ Gender : Male Female Other

Shade : _____ GUM Shade : Original Ethnic

SPECIFIC INSTRUCTIONS

Night Guard Required

TREATMENT SPECIFICATION

Select Arch : Upper Lower

Follow Pre-Op in Design : Yes No Other

Overbite & Overjet :

Class One Bite Class One Bite with Anterior Contact Class Two Overbite

Class Three Underbite with to Edge Occlusion Class Three Underbite Other

Tissue Pressure to Gingiva : Default 0.0 Mm 0.5 Mm Other

Cantilever Style : Default 0 Cantilever (Right After Screwhole) 10 Mm Other

Interface Design : Direct to MUA Ti-Base Dess 15.007

Screw Type : Rosen Dess SIN Powerball

Other _____

FIXED RESTORATIONS

Ti-Bar PMMA Hybrid Bridge Implant Systems : _____

Ti-Bar/Acrylic Hybrid Bridge Other Info : _____

Ti-Bar Thimble C&B Hybrid Bridge

Surgical Guide

Zirconia Hybrid Bridge

Trilor/Crystal Ultra Hybrid Bridge

Window Denture

INCLUDED ITEMS

IOS : _____

Bite Scan : _____

Photos : _____

Others : _____