

# RX FORM

## 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

**Included Items**

IOS : \_\_\_\_\_

Bite Scan : \_\_\_\_\_

Photos : \_\_\_\_\_

Others : \_\_\_\_\_

## 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