

Implant Prosthesis LABORATORY PRESCRIPTION FORM

Dr.

Date:

Address

Job Card No.

Lab use only

Patient Name

Age

Sex

Teeth Number (Please Circle)

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

☐ PFM Implant Prosthesis

→ Casted
→ Milled

☐ NiCr
☐ CoCr

☐ Ni Free (CoCr)
☐ Titanium

☐ Cement Retained

☐ Cement Retained SCRP

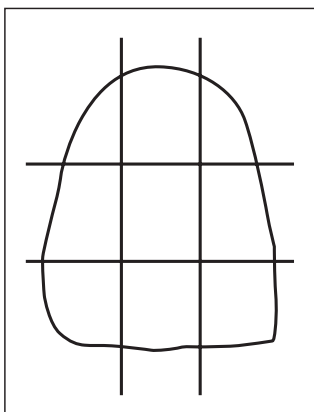
☐ Screw Retained

☐ Custom Abutment

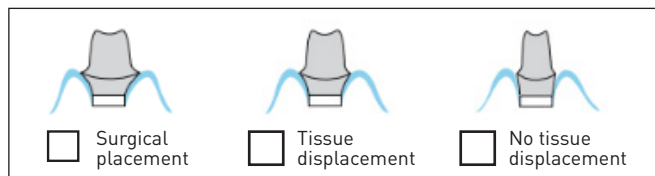
→ Casted → ☐ Hybrid → ☐ Zirconia
→ ☐ CoCr → ☐ Li Di Si
→ ☐ PEEK / BioHPP

→ Milled → ☐ Titanium → ☐ Zirconia
→ ☐ Hybrid → ☐ Li Di Si
→ ☐ CoCr → ☐ PEEK / BioHPP

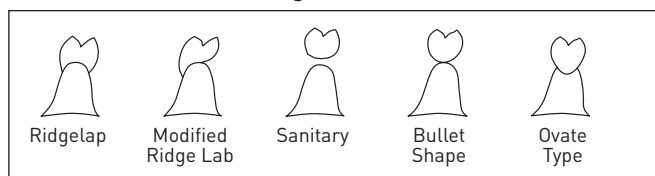
Shade Chart



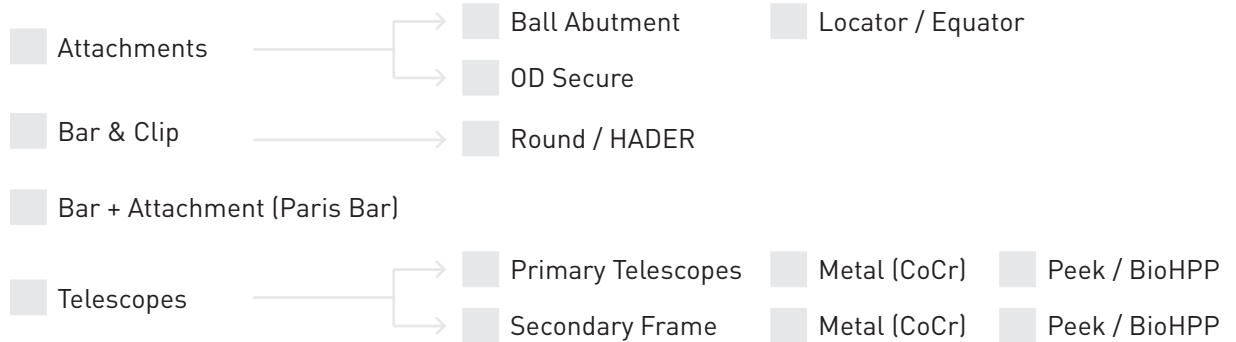
Emergence



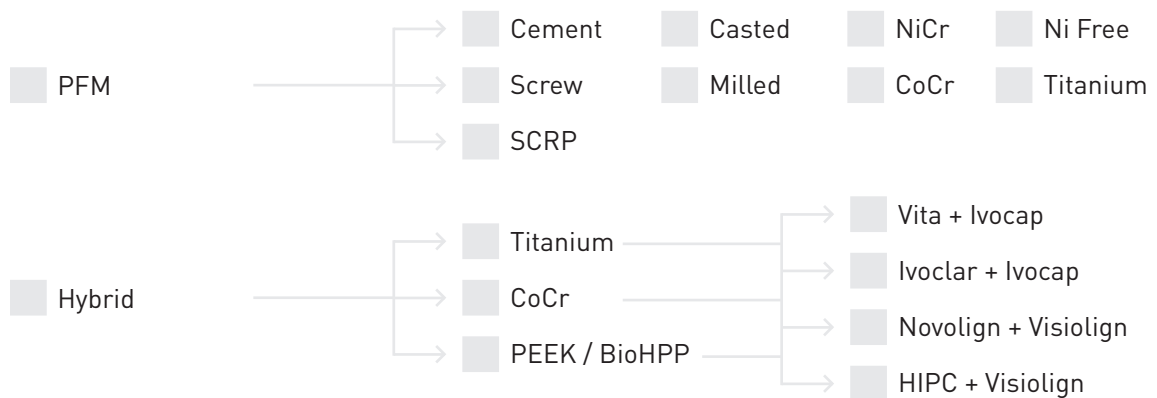
Pontic Design (Please Circle)



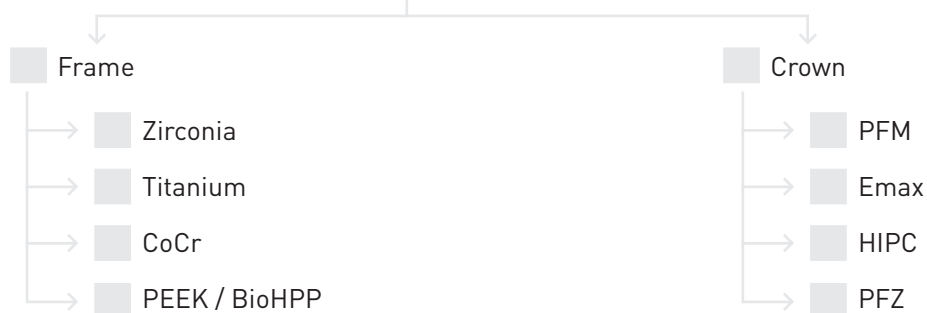
REMOVABLE



FIXED



PAMALO



Delivery Schedule (Expected Date)

Metal / Frame Try-in:

Biscuit Try:

Setup Try-in:

Finish:

Enclosures:

☐ Impression Model

☐ J.R. / Bite Registration

☐ Impression Posts _____ pcs

☐ Abutments _____ pcs

☐ Analogs _____ pcs

☐ Other Specify _____ pcs

☐ Photograph