



Implant Full Arch Restoration Rx

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Doctor's Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____ M F AGE _____

City _____ State _____ Country _____

Rx Date: _____

 Date Due in Office: _____

 (Deliver by 5PM)

RESTORATIVE OPTIONS

Bar w/ Acrylic Teeth

Traditional Bar Hybrid

- Ti. Bar w/ Denture Teeth
- Trilor Bar w/ Denture Teeth*

Digital Bar Monolithic Hybrid

- Ti. Bar w/ Milled Denture Teeth
- Trilor Bar w/ Milled Denture Teeth

Zirconia Hybrid

Traditional Zirconia Hybrid

- Monolithic Zirconia Hybrid
- Layered Zirconia Hybrid*

Digital Zirconia Monolithic Hybrid

- Ti. Bar with Zirconia Bridge
- Ti. "Prep Bar with Zirconia Crowns"

Bar w/ Nano-Ceramic

NanoCeramic Hybrid Bridge

- Ti. bar with Ultra Bridge*
- Trilor Bar with Ultra Bridge

NanoCeramic Hybrid "Individual Teeth"

- Ti. Prep Bar with individual Ultra Teeth
- Trilor Prep Bar with Individual Ultra teeth

Crown & Bridge

Screw-Retained Zirconia

- Custom Ti. Abutments & PFZ* Tibase & PFZ
- Custom Ti. Abutments & FCZ Tibase & FCZ

Cement-Retained Zirconia C&B

- Ti. Custom Abutments with PFZ*
- Ti. Custom Abutments with FCZ

STAGE TO COME BACK TO OFFICE

Preliminary

- Send Impression Transfers
- Bite Rim
- Implant Verification Jig

Set-Up

- Set-up from Bite Rim
- Set-up from Palatal Matrix
- Set-up w/ implant verification jig
- Reset

Try-In Device Options

- One Color Try-in Device Bleach A1 B1
- Tooth Colored w/ Pink Gingiva (+\$50) Shade: _____
- Duplicate for Patient (\$750)
- Recontour Device

Finish

- Finish
- Skip Try-In Device and go to finish

(Required to select at least one option)

OPTIONAL ADDITIONAL COMMUNICATION

Communication

- Email Design Approval: carloslab10@yahoo.com
- Call me (technical)
- Call me (Customer Service)
- I sent photos to carloslab10@yahoo.com

Incompleted areas can result in the delaying of your case or reserving a chairside technician.

**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by Ceramics Dental Lab in the event the account is sent to collections or litigation.

Dentist signature** _____

Dentist license # _____