

# Implant RX Form



Send Images to: [www.support@andersondentalstudio.com](mailto:www.support@andersondentalstudio.com)

**SOUTHDALE OFFICE CENTRE**  
6750 FRANCE AVE. So. - SUITE 145 • EDINA, MN 55435 • (952) 831.7211

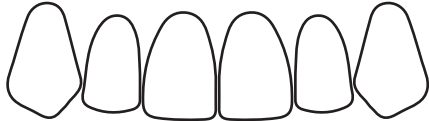
Doctor: \_\_\_\_\_ Patient: \_\_\_\_\_

Next Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_

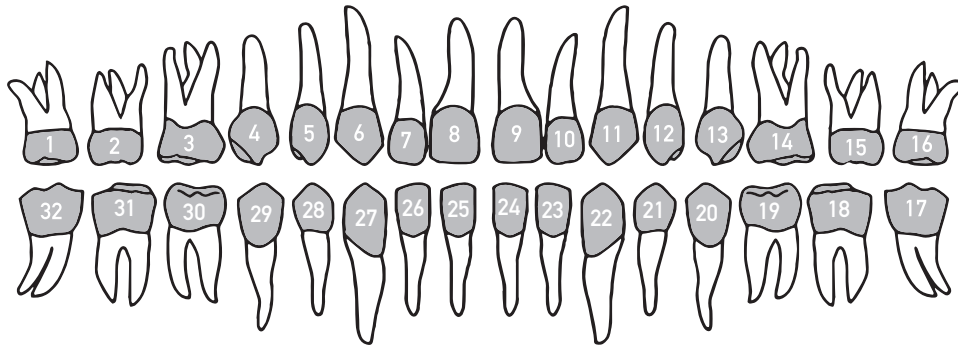
To ensure timely delivery please allow 3 weeks on all implant cases

SHADE



AGE

CASE DESIGN



(PLEASE ENCLOSE A COPY OF THE IMPLANT BRAND/SIZE INFORMATION FROM SURGERY)

Implant System \_\_\_\_\_

Implant Diameter \_\_\_\_\_

Type of Restoration \_\_\_\_\_

### FIXED

- Layered / Facial Cutback
- Full Contour
- Cement Retained
- Screw Retained
- Screwment
  - Dr. will Cement
  - Cement in Lab

### CROWN OPTIONS

- Zirconia HT 1200 MPa
- Zirconia XT 750 MPa
- E-Max 450 MPa
- PFM palladium based
- Gold Crown
- Temporary
- Angled Screw Channel (if available)

### ABUTMENT OPTIONS

- Titanium
  - Y  N colored titanium
- Hybrid (Ti - Zirc)
- Zirconia
- Custom Cast
- Seating Jig

### REMOVABLES

- Custom Tray
- Surgical Guide
- Locators
- Conus
- All on 4
- Verification Jig
- Bite Rim
- Set Up

ANDERSON DENTAL STUDIO COPY

### RIDGE RELIEF:

- NONE
- SLIGHT
- MED
- HEAVY

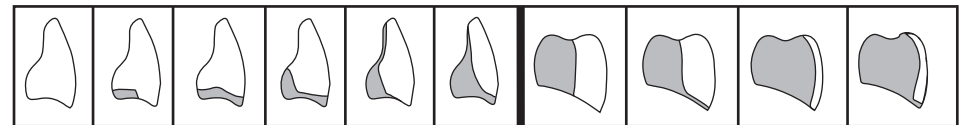
### CONTACTS:

- OPEN
- CLOSED



Would you like a call back to discuss case?  No  Yes

Doctor Signature \_\_\_\_\_ License # \_\_\_\_\_



Custom Shade:

Patient contact #:

Photos:  No  Yes  Enclosed  E-Mailed

Pan # \_\_\_\_\_

**IMPLANT**

Name \_\_\_\_\_ Completed \_\_\_\_\_

Check-in \_\_\_\_\_

Parts Assembly \_\_\_\_\_

Tissue \_\_\_\_\_

Model \_\_\_\_\_

Scan Abutment \_\_\_\_\_

Design Abutment \_\_\_\_\_

Design Crown \_\_\_\_\_

Deliver to Tech \_\_\_\_\_

**INCOMING**

**Lab Use**

Soft Tissue \_\_\_\_\_ Articulator \_\_\_\_\_ Impression \_\_\_\_\_ Models \_\_\_\_\_

Bite \_\_\_\_\_ Dies \_\_\_\_\_ Crowns \_\_\_\_\_ Framework \_\_\_\_\_

Abutment \_\_\_\_\_ Diagnostic Wax-Up \_\_\_\_\_ Impression Post \_\_\_\_\_ Analog \_\_\_\_\_

Teeth \_\_\_\_\_ X-Ray \_\_\_\_\_ Bite Rim F/F \_\_\_\_\_ Set Up F/F \_\_\_\_\_

Shade Tabs \_\_\_\_\_ Photos \_\_\_\_\_ Flash Drive \_\_\_\_\_ P.F.W. \_\_\_\_\_

**OUTGOING**

**Q.C.** \_\_\_\_\_

**Lab Use**

Soft Tissue \_\_\_\_\_ Articulator \_\_\_\_\_ Impression \_\_\_\_\_ Models \_\_\_\_\_

Bite \_\_\_\_\_ Dies \_\_\_\_\_ Crowns \_\_\_\_\_ Framework \_\_\_\_\_

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DOCTOR COPY

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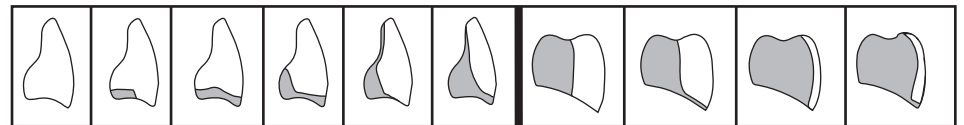
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