Implant RX Form

Send Images to: www.support@andersondentalstudio.com

Doctor: _____ Patient: _____ Next Appointment Date: ______ Time: _____ Special Delivery Instructions:

ANDERSON
DENTAL STUDIO, INC.

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

License # _____

To ensure timely delivery please allow 3 weeks on all implant cases					
SHADE AGE					
CASE DESIGN					
2 3 4 5 6 7 8 9 10 11 12 13 14 15 10					
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17					
ANIDERS ON DEN					
RIDGE RELIEF: CONTACTS: NONE SLIGHT OPEN CLOSED S S S S					
Would you like a call back to discuss case? \square No \square Yes					

Doctor Signature _____

System	
t Diameter	
Restoration	
FIXED	CROWN OPTIONS
□ Layered / Facial Cutback	☐ Zirconia HT 1200 MPa
☐ Full Contour	🗌 Zirconia XT 750 MPa
Cement Retained	E-Max 450 MPa
Screw Retained	☐ PFM palladium based
Screwment	Gold Crown
Dr. will Cement	☐ Temporary
Cement in Lab	☐ Angled Screw Channel (if available)
ABUTMENT OPTIONS	REMOVABLES
☐ Titanium	☐ Custom Tray
(Y) (N) colored titanium	☐ Surgical Guide
☐ Hybrid (Ti - Zirc)	☐ Locators
☐ Zirconia	☐ Conus
☐ Custom Cast	☐ All on 4
☐ Seating Jig	∇erification Jig
	☐ Bite Rim
	☐ Set Up
	IA CAL

Cı	ıstom S	hade:						
Pa	itient co	ntact #	# :					
Pł	notos:		No 🗆] Yes [_ Enclos	ed 🗆 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
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

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Next Appointment Date:	Time:
Special Delivery Instructions:	
To ensure timely delivery please allow 3 weeks on all implant case	es
SHADE	AGE
CASE DESIGN	4
1 2 3 4 5 6 7 8 9 10	11 2 3 14 15 16
32 31 30 29 28 27 26 25 24 23	22 21 20 19 18 17
RIDGE RELIEF: CONTACTS: NONE SLIGHT OPEN CLOSED MED HEAVY	
Would you like a call back to discuss case? $\hfill\square$ No	☐ Yes
Doctor Signature	License #

(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	CROWN OPTIONS Zirconia HT 1200 MPa Zirconia XT 750 MPa E-Max 450 MPa PFM palladium based Gold Crown Temporary
Cement in Lab	☐ 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
COPY	
Custom Shade:	

□ No □ Yes □ Enclosed □ E-Mailed

Photos: