

# Implant Rx Form Laboratory Procedure Authorization

**ALL YELLOW HIGHLIGHTED AREAS ARE REQUIRED.** An incomplete form will result in case delays until proper data can be collected.

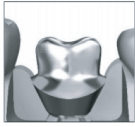
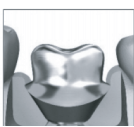
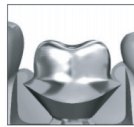
<b>LAB NAME</b>	
<b>DR. NAME</b>	
FULL ADDRESS	
GROUP / PRACTICE NAME	
EMAIL	PHONE
<b>PATIENT INFO</b>	FIRST NAME <input type="checkbox"/> FEMALE LAST NAME <input type="checkbox"/> MALE AGE _____
<b>DUE DATE</b>	TODAY'S DATE

Standard working time if no date is provided.

INTERFACE		
<b>COMPONENT SELECTION</b> <input type="checkbox"/> OEM <input type="checkbox"/> Universal*	<b>RESTORATION TYPE</b> <input type="checkbox"/> Cement-retained <input type="checkbox"/> Screw-retained <b>IF SCREW HOLE IS MALPOSITIONED</b> <input type="checkbox"/> Please call <input type="checkbox"/> Convert to cement-retained <input type="checkbox"/> Use angled screw components <input type="checkbox"/> Angled screw driver needed* <small>*Additional Fee May Apply</small>	<b>RESTORATION MATERIAL</b> <input type="checkbox"/> Full Contour Zirconia* <input type="checkbox"/> Aesthetic Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> Lithium Disilicate <input type="checkbox"/> LAYERED <input type="checkbox"/> PFM <b>METAL TYPE</b> _____ <input type="checkbox"/> PMMA Provisional <input type="checkbox"/> Other _____
<b>ABUTMENT MATERIAL</b> <input type="checkbox"/> Titanium* <input type="checkbox"/> Zirconia <input type="checkbox"/> Gold Anodized Titanium		

SURGICAL GUIDE		
<b>DESIRED DEFINITIVE RESTORATION</b> <input type="checkbox"/> Single Unit <input type="checkbox"/> All-on-X <input type="checkbox"/> Bridge <input type="checkbox"/> Locator® <input type="checkbox"/> Conus	<b>PROVISIONALIZATION</b> <input type="checkbox"/> Essix Retainer <input type="checkbox"/> Temporary Partial <input type="checkbox"/> Immediate PMMA* <input type="checkbox"/> Other _____	<b>CBCT UPLOAD</b> <input type="checkbox"/> Disc Enclosed <input type="checkbox"/> File Upload  <b>METHOD</b> _____
<b>SURGICAL GUIDE TYPE</b> <input type="checkbox"/> Fully Guided <input type="checkbox"/> Pilot Guide <input type="checkbox"/> Guided Prosthetics®	<b>BEST EMAIL FOR SCREEN-SHARE CASE APPROVAL</b> _____	

FULL ARCH IMPLANT SUPPORTED DEFINITIVE RESTORATION		
<b>SERVICE LEVEL</b> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Setup/Try-in <input type="checkbox"/> Bite Block <input type="checkbox"/> Reset <input type="checkbox"/> Implant Verification Jig <input type="checkbox"/> Framework Try-in <input type="checkbox"/> Definitive Prosthesis	<b>PATIENT INFORMATION</b> Papillameter _____ Alameter _____ Tooth Mold _____ Shade _____	<b>PRE-SURGERY</b> <input type="checkbox"/> Guided Prosthetics <input type="checkbox"/> Immediate Temporary Denture Scanning application with radiopaque teeth <input type="checkbox"/> Clear Duplicate Denture with slot and 15mm border for surgical guide
<b>GINGIVAL SHADE</b> <input type="checkbox"/> Standard <input type="checkbox"/> Medium <input type="checkbox"/> Dark	<b>DEFINITIVE RESTORATION TYPE</b> <input type="checkbox"/> Full Arch Zirconia <input type="checkbox"/> Copymill/Individual Crowns <input type="checkbox"/> Crystal Ultra® <input type="checkbox"/> Conus Bundle <input type="checkbox"/> Hybrid <input type="checkbox"/> Locator Denture Bundle	


EMERGENCE PROFILE		
 <input type="checkbox"/> Follow tissue (no expansion)	 <input type="checkbox"/> Contour design (expand tissue by 0.5mm)	 <input type="checkbox"/> Anatomical (fully expand tissue)

TOOTH #	MANUFACTURER	CONNECTION TYPE	PLATFORM SIZE	MARGIN DEPTH

<b>ITEMS REQUIRED:</b> <ul style="list-style-type: none"> <li>CT SCAN in multi slice .dicom format</li> <li>Physical impression or digital impression in .stl format. Please zip files before sending.</li> </ul>	<b>*FOR SENDING YOUR GUIDED PROSTHETICS CASE:</b> <a href="https://nsequence.com/ct-guided-prosthetics-order">nsequence.com/ct-guided-prosthetics-order</a>
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SPECIAL INSTRUCTIONS	<input type="checkbox"/> DIGITAL SCAN SENT

ENCLOSED WITH CASE				
<input type="checkbox"/> MODEL	<input type="checkbox"/> BITE	<input type="checkbox"/> PHOTOS	<input type="checkbox"/> TEETH	<input type="checkbox"/> OTHER
<input type="checkbox"/> SHADE TAB	<input type="checkbox"/> IMPRESSIONS	<input type="checkbox"/> METAL TRAYS	<input type="checkbox"/> ARTICULATOR	_____

<b>DR. SIGNATURE</b>	<b>REQUEST SUPPLIES</b>
<b>DR. LICENSE #</b> _____ <b>EXPIRES</b> _____	<input type="checkbox"/> RXS <input type="checkbox"/> BOXES <input type="checkbox"/> LABELS <input type="checkbox"/> OTHER _____
 <b>FOR LAB CONTACT INFO</b> <a href="https://nationaldentex.com/labs">nationaldentex.com/labs</a>	<b>NDX WARRANTY</b> <a href="https://nationaldentex.com/warranty">nationaldentex.com/warranty</a>

FOR LAB USE ONLY

\*Default option if no option is selected.