

Dr. Name \_\_\_\_\_


Dr. Address \_\_\_\_\_

Patient name \_\_\_\_\_

Due Date _____	Phone _____
	Email _____
Shade _____	Special Instructions _____

Dr. Signature _____
License # _____
Date _____

TOOTH NUMBER	MANUFACTURER	CONNECTION TYPE	PLATFORM SIZE	MARGIN DEPTH

CUSTOM ABUTMENT	SURGICAL GUIDE	FULL ARCH HYBRID
<p><b>COMPONENT SELECTION</b></p> <input type="checkbox"/> OEM <input type="checkbox"/> Keller Complete <input type="checkbox"/> OK to change brand of components to meet RX requirements	<p>Best Email For Screen-Share Case Approval _____</p> <p><b>DEFINITIVE RESTORATION TYPE</b></p> <input type="checkbox"/> Single Unit <input type="checkbox"/> Hybrid <input type="checkbox"/> Bridge <input type="checkbox"/> Locator®	<p><b>SERVICE LEVEL</b></p> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Block <input type="checkbox"/> Implant Verification Jig <input type="checkbox"/> Setup/Try-In <input type="checkbox"/> Reset <input type="checkbox"/> Framework Try-In <input type="checkbox"/> Definitive Prosthesis
<p><b>ABUTMENT MATERIAL</b></p> <input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia <input type="checkbox"/> Gold Hue <input type="checkbox"/> Ti Base	<p><b>SURGICAL GUIDE TYPE</b></p> <input type="checkbox"/> Fully Guided <input type="checkbox"/> Pilot Guide	<p><b>GINGIVAL SHADE</b></p> <input type="checkbox"/> Standard <input type="checkbox"/> Medium <input type="checkbox"/> Dark
<p><b>OCCLUSION</b></p> <input type="checkbox"/> In <input type="checkbox"/> Slightly Out <input type="checkbox"/> Out	<p><b>IMMEDIATE SCREW RETAINED TEMPORARY</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>PATIENT INFORMATION</b></p> <input type="checkbox"/> Papillameter _____ <input type="checkbox"/> Alameter _____ <input type="checkbox"/> Tooth Mold _____ <input type="checkbox"/> Shade _____
<p><b>RESTORATION TYPE</b></p> <input type="checkbox"/> Cement retained <input type="checkbox"/> Screw retained	<p><b>SCAN REQUIREMENTS</b></p> <input type="checkbox"/> Disc Shipped to Lab <input type="checkbox"/> Please call <input type="checkbox"/> FTP Upload **Items Required: CT SCAN in multi slice .dicom format and physical impression or digital impression in .stl format. Scans can be uploaded to: <a href="https://ndxftp.nationaldentex.com/keller">https://ndxftp.nationaldentex.com/keller</a> Please zip files before sending.	<p><b>PRE-SURGERY</b></p> <input type="checkbox"/> Immediate Temporary Denture <input type="checkbox"/> Clear duplicate denture w/slot and 15mm border for surgical guide <input type="checkbox"/> Scanning application with radiopaque teeth
<p><b>RESTORATION MATERIAL</b></p> <input type="checkbox"/> Znext™ FCZ <input type="checkbox"/> Enext <input type="checkbox"/> Znext Layered <input type="checkbox"/> Ktemp <input type="checkbox"/> Znext Veneered <input type="checkbox"/> Noble PFM	<p><b>REQUIREMENTS FOR SURGICAL GUIDE PLANNING</b></p> <p><b>Partially Edentulous Patient</b> (at least 4-tooth spread throughout the arch)</p> <ul style="list-style-type: none"> <li>• CBCT scan of patient with arches separated by cotton rolls</li> <li>• Upper and lower full arch accurate impressions</li> <li>• Bite registration</li> </ul> <p><b>Fully Edentulous Patient</b> Please send double scan with either a scan appliance or radiographic markers</p>	<p><b>DEFINITIVE PROSTHESIS</b></p> <input type="checkbox"/> Crystal® Ultra <input type="checkbox"/> Conus Bundle <input type="checkbox"/> Hybrid <input type="checkbox"/> Locator Denture Bundle
<p><b>PONTICS</b></p>  <p><b>If Insufficient Occlusal Clearance:</b></p> <input type="checkbox"/> Please call <input type="checkbox"/> Reduce/Mark on Opposing <input type="checkbox"/> Reduce/Mark on Prep <input type="checkbox"/> Reduction Coping	<p><b>FOR BEST RESULTS:</b></p> <ul style="list-style-type: none"> <li>• Please send models of the patient's current anatomy</li> <li>• Photos needed: Smile, high smile line and both profiles</li> <li>• When taking the bite registration:                             <ul style="list-style-type: none"> <li>▪ Contour bite rim for facial support and buccal corridor</li> <li>▪ Mark midline, cuspid positions and high smile line</li> </ul> </li> <li>• Provide papillameter readings for low and high lip</li> <li>• Provide alameter readings for cuspid position</li> </ul>	