

dentiformaustralia

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IMPLANT PRESCRIPTION

DATE: _____

DR: _____

PHONE: _____

PATIENT: _____

AGE: _____

DATE REQUIRED BY 5PM: _____

CASE

- Implant Crown (one piece)
- Implant Abutment + Crown
- Implant Bridge
- Implant bar
- Implant retained denture with Ti Bar
- All on 4 Ceramic on Titanium
- Telescopic abutment + Housing

MATERIAL

- Titanium
- Gold Hue Titanium
- Prettau Zirconia
- Ice Zirconia
- IPS e.max

PRIMARY BAR DESIGN

- Canada Bar (Vancouver)
- Square Bar
- Round Bar
- Hybrid Bar

RETENTION

- Locator Attachments
- Housing (Vancouver)

Other: _____

OTHER

- Diagnostic Wax-Up
- Accu-liner mounting
- LVI Stratos Mounting
- Scan for surgical guide
- Retention Type: _____

SHADE INSTRUCTIONS

Shade: _____

Patient to see lab

Patient Ph: _____

Dr. Signature: _____