

Today's Date

Due Date: (10 Business Days from Receipt of Rx Form)

Restorative Doctor

Phone

Email

Address

City

State/Zip

Patient Name

Shade

Tooth Number

| Implant System | Platform Size | Healing Abutment Size (required) |
|----------------|---------------|----------------------------------|
| | | |
| | | |
| | | |

Specific Instruction Immediate and subcrestal implant require X-ray of healing abut. for optimal abut. selection.

Restoration Type Cementable w/jig Screw Mentable w/jig Screw Retained

Zero Bone Loss Concept and Traditional Implant Crowns

(All restorations use parts from the authentic implant manufacturer)

Zero Bone Loss Concept
Anterior Restoration Only

ZBLC Layered Zirconia Screw-Retained

ZBLC Abutment with Layered Zirconia Crown Cement Retained

Zero Bone Loss Concept
Posterior Restoration Only

ZBLC Monolithic Zirconia Screw-Retained

ZBLC Abutment with Monolithic Zirconia Cement Retained

Zero Bone Loss Concept
Custom Abutment

ZBLC Abutment Only

ZBLC Abutment with Prited Model, Soft Tissue, and Analog

Titanium Abutment
Posterior Restoration Only

Monolithic Zirconia Screw-Retained

Monolithic Zirconia Cement Retained

Tissue Former & Temporaries

(All restorations use parts from the authentic implant manufacturer)

Tissue Former TempGuard[™] Retainer with Tissue Former Screw-Retained Temporary Crown

3D Printed Night Guard

(UNIDENT Workflow: One delivery visit for night guard, final crown, and abutment, from one full arch impression)

Upper Thermoforming Night Guard Lower Thermoforming Night Guard Reprint Night Guard

Essix Retainer

Essix Retainer TempGuard[™] Retainer with Tissue Former