

RX# _____

Dentist Name _____

Phone # _____



Address _____

Patient Name _____

Email _____

Deliver by 5 p.m. on _____

626-288-1410 Ship To: 3012 Ivar Ave, Rosemead CA 91770 WWW.360SDM.COM

Enclosed with case: Impressions Models Bite Analog(s) Impression Coping(s) Other: _____



Tooth # _____ Implant System _____
(i.e. Nobel Replace RP / 4.3)

SELECT CUSTOM ABUTMENT TYPE

- Titanium
- Zirconia w/ Titanium Base
- Screw Retained Titanium
- Screw Retained Full Contour Zirconia w/Titanium Base
- Screw Retained Chrome Cobalt

Zirconia Abutment Shade _____

SCREW OPTIONS

(we will ship you the following screw)

- None Lab Final Both

CROWNS & COPING

Full Contour Zirconia Crown: Y / N Shade _____

Zirconia Coping: Y / N Shade _____

Temporary Crown: Y / N Shade _____

Occlusal Stain: None _____ Lite _____

Medium _____ Dark _____

Occlusion: In _____ Lite _____ Out _____

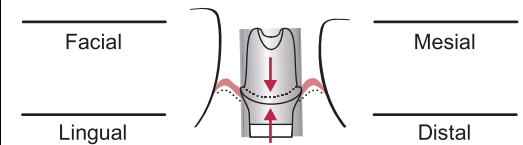
Bridge Framework: Y / N _____

PONTIC DESIGN

Tooth# _____



ABUTMENT MARGIN DEPTH

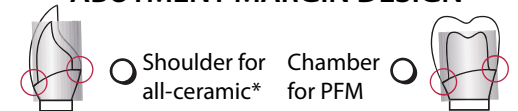


*If left blank, default values will be used

DEFAULT VALUES

Facial - 0.5 mm Mesial - 0.75 mm
Lingual - 0.5 mm Distal - 0.75 mm

ABUTMENT MARGIN DESIGN



Shoulder for all-ceramic* Chamfer for PFM

ABUTMENT EMERGENCE PROFILE



Surgical Placement



No Tissue Displacement

Dentist Signature _____

License No. _____

TERMS: Customer agrees to company policy as stated on next page of Rx.