

Date: _____

Patient: _____

Requested Return Date: _____

Doctor: _____

Phone: _____

Office Address: _____



Tooth #s: _____

Shade: _____

Material: _____

Layered or Monolithic: _____

Implant Unit #, Type and Size: _____

List what you need for next visit: _____

Case Enclosures: _____

Rx: _____

CASE REQUIREMENTS

Diagnostic Wax-up

- Rx Form – specify crowns vs veneers
- Preop Scan or Impression/Model
- Opposing Scan or Impression/Model
- Bite Registration
- Photos (full face natural smile)

Crown/Veneer & Bridge

- Rx Form
- Scan of Preps or Impression/Model
- Scan of Temps or Impression/Model
- Opposing Scan or Impression/Model
- Physical Bite Registration
- Photos
 - Shade tabs w/ info visible
 - Stump shade for LiSi/E.max
 - Temps seated (full face natural smile and retracted)

Implant Restoration

- Rx Form – include implant info
- Impression with Impression Coping(s)
- Scan of Temps or Impression/Model
- Opposing Scan or Impression/Model
- Physical Bite Registration
- Photos
 - Shade tabs w/ info visible
 - Temps seated (full face natural smile and retracted)

Full-arch Hybrid: Initial

- Rx Form – include implant info
- Impression with Impression Coping(s) or Soft-Tissue Model
- Scan of Converted Denture or Temporary on Model
- Opposing Scan or Impression/Model
- Physical Bite Registration
- Photos (full face natural smile and retracted)

Full-arch Hybrid: Try-in

- Rx Form
- If jig breaks – New Impression
- If jig doesn't break – Verified Jig returning to lab
- Adjusted Hybrid Try-in
- Physical Bite Registration
- Try-in Photos (full face natural smile and retracted)

Full-arch Hybrid: Final

- Rx Form – include implant info
- Verified Model(s)
- Adjusted Try-in
- Opposing Scan or Impression/Model
- Physical Bite Registration
- Photos (Temp or Try-in seated, full face natural smile and retracted)

I understand as the Doctor or Clinician, it is my responsibility to confirm the accuracy of the case information provided to the lab, including the passivity of verification jigs. I confirm that verification jig seating has been confirmed with radiograph and I accept full clinical liability for implant verification proceeding to final.

Doctor's License Number: _____

Personal Signature of Doctor: _____

Date: _____