

Implants Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ M F DOB _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

Case turnaround times are based on the date the Rx is received at DDS Lab.
Please allow 13 business days (M-F) from that date.

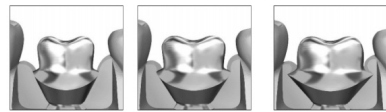
CEMENT RETAINED ABUTMENT TYPE

Custom Titanium Abutment Custom Zirconia Abutment

Design

- L - 0.5mm
- B - 1mm
- D - 0.5mm
- M - 0.5mm

Emergence Profile



- Follow tissue (no expansion)
- Contour design (expand tissue by 0.5mm)
- Anatomical (fully expand tissue)

SCREW RETAINED

- Screw retained - change to cement retained if not possible
- Screw retained - continue regardless of access hole position

- Zirconia Solid (Posterior default)
- PFM
- Solid Lingual (Anterior default)
- Full cast crown

Emergence Profile

- Push tissue by 0.5mm
- Anatomical design
- Ridge lap on buccal

Implant

Type _____

Diameter _____

To be included

- Lab analog
- Impression coping
- Abutment
- Others

CASE INSTRUCTIONS

Please CIRCLE single units and BRACKET splinted units

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Metal

- White HN*
- Yellow HN
- Semi-precious
- Non-precious

Zirconia / All Ceramic

- Zirconia Solid
- Zirconia Layered
- IPS e.max Not recommended w/ titanium abutment
- Lithium Disilicate*

Restoration

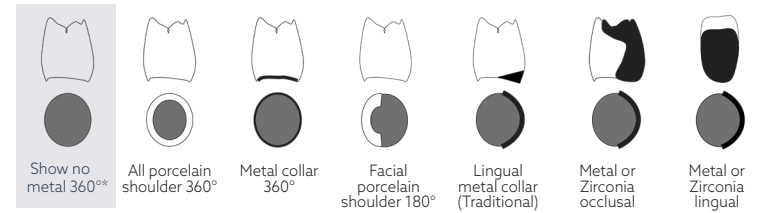
- Crown
- Bridge

Return for

- Die trim
- Bisque
- Metal try-in
- Finish*

MARGIN DESIGN

Please circle your choice(s) of margin combination



CROWN DESIGN

Characterizations

Tooth Shade (REQUIRED) _____

Pontic Design



If Insufficient Room

- Trim opposing*
- Call
- Reduction coping
- Metal occlusal
- Metal island
- Metal
- Resin

Occlusal Clearance

- Light*
- Open
- Tight

Contact

- Light*
- Medium
- Heavy

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
Email photos to: implants@ddslab.com

Dentist signature** _____
(REQUIRED)

Dentist license no. _____
(REQUIRED)

***Standard design if an option is not selected**



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**The person signing this form is an authorized signer and, along with the dental practice, accepts responsibility for payment of all related charges, as well as any legal costs, collection and other fees incurred by DDS Lab in the event the account is sent to collections or litigation. © 2021 DDS Lab. All rights reserved.