

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.

FINAL ABUTMENT TYPE

- Zirconia Solid Screw Retained Implant
- Custom Titanium Abutment
- Custom Zirconia Abutment
- PFM Screw Retained

CUSTOM 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 design (fully expand tissue)

SCREW RETAINED

Posteriors Zirconia Solid

Anteriors Solid Lingual Facial Layered

Emergence Profile

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

Implant

Type _____

Size _____

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***
- Semi-precious
- Non-precious

Zirconia / All Ceramic

- Zirconia Solid
- Zirconia Layered
- IPS e.max

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***
- Metal occlusal
- Call
- Metal island
- Reduction coping

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. RX-CNB2017 © 2017 DDS Lab. All rights reserved.