

Implant Rx

ATTN: _____ ACCOUNT#: _____

RX Date _____ Due Date _____

FOR DELIVERY BY 5PM.
NOTE: If no due date is assigned, a standard Westbrook due date will be applied.

DR. NAME/ADDRESS _____ PATIENT NAME (Please Print) _____

DR. PHONE _____ PATIENT APPT. DATE _____

DR. EMAIL _____ SEX: M/F AGE: _____

SIGNATURE OF DENTIST (Required) _____ DENTIST LICENSE# _____

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. Pursuant to the provisions of Section 11, of the Texas State Dental Practice Act, This will authorize Westbrook laboratory to construct, alter or repair the restoration described on this requisition.

DESIRED ARTICULATOR Stratos 100 Acculiner Other _____
If no articulator is specified, our standard will be used.

Tooth #	Implant Brand	Platform Size	Depth of Margin Below Tissue

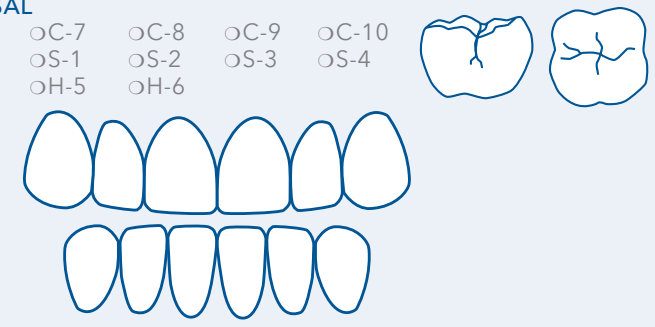
CHARACTERIZATION CHART

POSTERIOR OCCLUSAL

Stain Color C-7 C-8 C-9 C-10

Stain Placement S-1 S-2 S-3 S-4

Hypo-Calcification H-5 H-6



ANTERIOR

Translucency Intensity I-2 I-3 I-4

Translucency Volume V-5 V-6 V-7

Lobing L-8 L-9 L-10

Texture T-11 T-12 T-13

STUMP _____

SHADE _____


OCCLUSAL CLEARANCE	FORM OF CROWN DESIRED	PINK PORC. TISSUE
<input type="radio"/> In Occlusion	<input type="radio"/> Follow Study Model	<input type="radio"/> Light
<input type="radio"/> Out of Occlusion	<input type="radio"/> Match Existing	<input type="radio"/> Medium
<input type="radio"/> Die Spacer on Opposing	<input type="radio"/> Make Ideal	<input type="radio"/> Dark

<input type="radio"/> Bisque Try-In	<input type="radio"/> Metal Try-In	<input type="radio"/> Reduce Abutment/Send Red. Coping
<input type="radio"/> Reduce/Mark on Opposing	<input type="radio"/> Wax Check	<input type="radio"/> Seating Jig
<input type="radio"/> Finish		


TEETH NUMBERS


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

PONTIC DESIGN

 Ovate

_____mm

 Full Lap

 Modified Ridge

INSTRUCTIONS

CALL ME (BEFORE PROCEEDING WITH CASE)

800 718 3384 · www.WestbrookDti.com

ALL PRODUCTS MADE IN THE USA White-Lab Copy. Pink-Doctor Copy

RESTORATION: Cementable Screw-Retained (1 piece)

PFM: White High Noble Noble Non-Precious

All-Ceramic: Porcelain to Zirconia Lava* Procera*

Full Metal Overdenture Hybrid

Temporaries

Lab to Order Parts Dr. to Supply/Order Parts

Call office w/ part #'s to order Order Parts on Dr. Account:

Implant Company: _____ Dr. Account #: _____

STOCK ABUTMENT: Titanium Zirconia

CUSTOM ABUTMENT:

UCLA UCLA w/ opaque

Procera: Zirconia Titanium

Atlantis: Zirconia Titanium

Have attended Misch Courses Follow Misch Protocol

METAL DESIGN



PLEASE SEND

Rx's

FedEx Airbills

UPS Airbills

Boxes

FOR LAB USE