

**ORDER FORM-IMPLANT RETAINED PROSTHESIS**

Account Number .....

Dentist: .....

Practice Name: .....

Date: .....

Address: .....  
..... Post Code: .....

Phone: .....

Email: .....

Patient Name: .....

Work Required by: .....

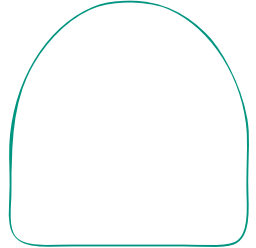
**INSTRUCTIONS**

**BRAND:** \_\_\_\_\_ **DIAMETER:** \_\_\_\_\_

**ABUTMENT SELECTION**

- Preformed Abutment
  - Ti     Zir
- Cast Abutment
  - Precious Alloy
  - Semi Precious Alloy
  - NP Alloy
- Procera Abutment / PIB
  - Ti     Zir

**SHADE**



**SURGICAL/  
RADIOGRAPHIC STENT**

**FIXED PROSTHESIS**

- Crown     Bridge
- Cement Retained with
  - Cement Vent
  - Occlusal Screw Access Hole
- Screw Retained with
  - Occlusal Screw
  - Lingual Screw
- Hybrid Bridge, veneered with
  - Acrylic Teeth
  - Composite
  - Porcelain

- Pontic Shape
  - Full
  - Lingual Half
- With Drill Hole
  - Yes
  - No
- Inserted with
  - Lead Strip
  - Metal Ball
  - Gutta Percha
  - Radio Opaque Teeth

All on Four

Other

**REMOVABLE  
OVERDENTURE**

- Bar & Clip Retained
- Ball Retained
- Locator
- Other

**NOBEL GUIDE**

- Model Based
- CT Scan Guide

<input type="checkbox"/> Transfer Coping	<input type="checkbox"/> Analog	<input type="checkbox"/> Abutment	<input type="checkbox"/> Tool
<input type="checkbox"/> Transfer Screw	<input type="checkbox"/> Abut. Screw	<input type="checkbox"/> Screw Driver	<input type="checkbox"/> _____
<input type="checkbox"/> Transfer Cap	<input type="checkbox"/> Plastic Cylinder	<input type="checkbox"/> Healing Cap	<input type="checkbox"/> _____

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MHRA Registered  
ISO 13485:2003 Accreditation