



### Required Information

Doctor (Surgeon) 's Name: \_\_\_\_\_ Surgery Date: \_\_\_\_\_ Rx Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Implant system and size: \_\_\_\_\_ Teeth Shade: \_\_\_\_\_ Gum Shade: \_\_\_\_\_

Multi-Unit Abutment: YES NO / Gender: Male Female Other / Arch: Upper Lower / Material: Zirconia Other:



### Prosthesis Information

Enclosed Files: Temporary Bridge(w/ Tissue) Scan Tissue Scan (w/o bridge) Preop Scan  Bite Scan  Truss scan  Photogrammetry

Facial Records: Face Scan Regular Photos (Soft Smile, Exaggerated Smile, Profile, Retracted, and Lips in repose)

Kois Facial Reference Glasses Photos (Soft Smile, Exaggerated Smile, Profile, Retracted, and Lips in repose)

Intaglio Design: Flat Convex Other:

Prosthesis type: FP1 FP2 FP3 / Pontic Design (FP1): Ovate (default) Other:

Overbite: 2mm (default) Other:

Overjet: 2mm (default) Other:

Implant Interface: Direct to MUA ( ) Ti-Base

Cantilever: No cantilever +1 In occlusion +1 Out of occlusion Other:



### Other instruction