DW DENTAL SOLUTIONS

Rx Date: _____

Due Date: _____

Required Information

Doctor's Name: _____ Practice Name: _____ Doctor's Email: _____

Patient's Name: _____ Patient's Gender: ☐ Male ☐ Female Patient's Age: _____ Shade: _____ Stump Shade: _____

Enclosed with Case: ☐ Intraoral Scan ☐ Impressions ☐ Bite ☐ Photo ☐ Other: _____

All Ceramic Restorations

- ☐ zirconia - Monolithic
- ☐ zirconia - Layered (PFZ)
- ☐ Emax - Monolithic
- ☐ Emax - Layered
- ☐ Emax - Veneer
- ☐ Emax - Inlay / Onlay

Temporary Restorations

Abutment #s: _____

Pontic #s: _____

☐ Splinted ☐ Singles

Implants

Implant System: _____

Platform / Size: _____

Restoration: ☐ Screw Retained ☐ Cement Retained

Interface: ☐ Ti-Base ☐ Custom Abutment

Provided Components: _____

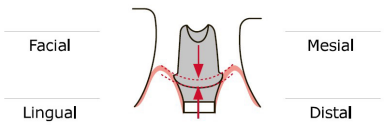
Material:

- ☐ zirconia - Monolithic
- ☐ zirconia - Layered (PFZ)
- ☐ Emax - Monolithic
- ☐ Emax - Layered

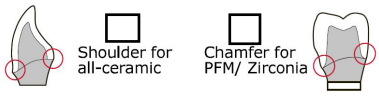
Type:

☐ Splinted ☐ Singles

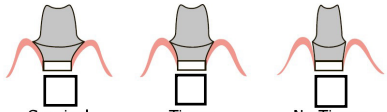
Abutment Margin Depth



Abutment Margin Design

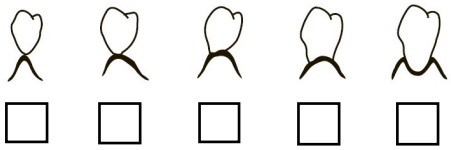


Abutment Emergence Profile



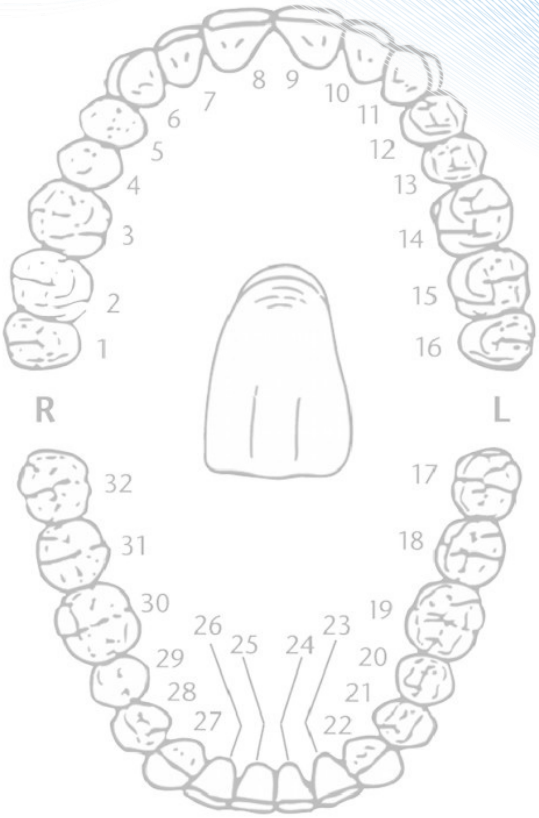
Pontics

Restoration Pontic design



☐ ☐ ☐ ☐ ☐

Special Instruction



Signature: _____ License#: _____

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