



Rx Date _____ Due Date _____
 DELIVERY BY 5pm

DR. NAME/ADDRESS _____ PATIENT NAME _____
 DR. PHONE _____ SEX: M/F AGE: _____
 DR. EMAIL _____ SURGEON NAME AND PHONE # _____
 SIGNATURE OF DENTIST _____ 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. Dentist's signature authorizes Natural Image Dental Lab to construct, alter or repair the restoration described on this prescription form.

Tooth #	Implant Brand	Platform Size

Fixation Method Screw Retained Cementable Screwmentable
Abutment Material Titanium Zirconia Hybrid
Restoration Material e.max Full Zirconia PFZ PFM Full Metal
PFM Metal White High Noble Semi Precious CR-CO
Metal Design Collarless (default) Porcelain Butt Lingual Band
 360 Metal Band Metal Lingual Metal Occlusal

To maintain the original implant warranty only original parts can be utilized unless specifically directed otherwise by the prescribing dentist

Please send x-ray of seated impression coping unless this is a Straumann® implant or abutment level impression in addition to the surgical report

Abutment Margin Placement

Facial ____mm Interproximal ____mm Lingual/Palatal ____mm
 (default 1.5mm facial, 0.75mm interproximal, 0mm lingual/palatal)

Abutment Emergence Profile

Concave (default) Trapezoid Convex

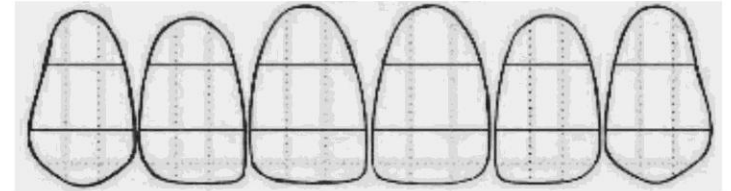
Crown-Abutment Junction Profile

Idealize (default) Full Natural Dimension Follow Soft Tissue

Crown Anatomy Match Existing Copy Temps Idealize
Occlusal Contact Foil Relief Light Heavy
Deficient Clearance Reduce Opposing Reduce Abut/Prep (red.coping)
Pontic Design Ridge Lap Ovate Hygenic
Pink Porcelain None Light Medium Dark

Stump Shade _____

Desired Shade _____



Metal Try-In Bisque Try-In Finish

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

Please Call To Discuss