

LABORATORY: _____

PATIENT: _____

DATE CASE SHIPPED: _____

CONTACT: _____

EMAIL: _____

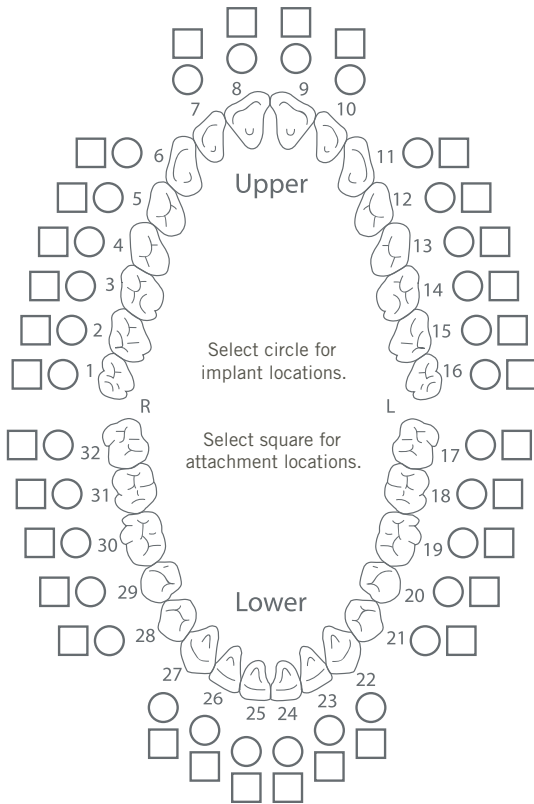
PHONE: _____

RETURN DATE: _____

SHIP TO: _____

NOTE: When sending STL files, include xml file (preferably without screw holes) and choose implant system and size.

CASE DESIGN INFORMATION



PLEASE INCLUDE THE FOLLOWING ITEMS:

- Master Implant Model (fit verified)
- Diagnostic Set-Up or Wax-Up
- Removable Tissue
- Labial Matrix (optional)
- Acrylic Prototype Bar (for copy mill only)

IMPLANT SYSTEM: (WRITE IN SIZE)








- Astra Tech _____
- Biomet 3i® _____
- Implant Direct _____
- Nobel Biocare™ _____
- Straumann® _____
- Zimmer® _____
- Camlog _____
- Other _____
- Need screws? Yes No

MATERIAL TYPE:







- Titanium
- Chrome-Cobalt
- Zirconia

BAR TYPE

FIXED PROSTHETIC BAR: (SELECT ONE)

- Wrap Around Bar (CAD) 
- Hybrid Bar w/Metal Tissue Side 
- Hybrid Bar w/Metal Lingual & Tissue 
- Hybrid Bar w/Hygenic Tissue Side 
- Hybrid Bar w/Metal Lingual 
- Wrap Around Copy Mill  (must provide acrylic prototype)
- Free Shape Milled Bar 

REMOVABLE PROSTHETIC BAR:

- Dolder Egg Shape 
- Dolder U Shape 
- Canada Bar 
- Round Bar 
- Hader Bar 
- Primary Bar 
 - Buccal Angle: _____°
 - Lingual Angle: _____°
 - (angles from 0° to 10° by .5° steps)

ATTACHMENTS:

- Bredent-Brule - Qty: _____
- OSO - Qty: _____
- Hader Riders - Qty: _____
 - Gold
 - Plastic
- Ceka - Qty: _____
- Locator - Qty: _____
- Dolder Riders - Qty: _____
 - Gold
 - Alloy

ENCLOSED WITH CASE:

- Opposing Model
- Die
- Working Model
- Impression
- Study Models
- No. of Units
- Bite _____

BAR DETAILS:

Extension Length: _____ mm | Distance from Tissue: _____ mm | Orolingual Thickness: _____ mm | Bar Height: _____ mm

SPECIAL INSTRUCTIONS: _____

DUE DATE: _____

PROMO CODE: _____

SIGNATURE: _____

DATE: _____