

Date: _____ License #: _____ State: _____

Doctor: _____

Address: _____

Office Phone: _____

Patient Name: _____

Tooth #: _____

Implant Brand: _____ Size: _____



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Abutment Mfg. _____ DT
 Abut. Material/Type _____ D
 Crown Material _____ F
 Crown Material Shade _____ C
 Monolithic _____ Layered _____
 Screw Retained (we cement) _____
 Screwmentable (doctor cements) _____
 Cement Over (doctor cements) _____
 Quad _____ Full _____
 Die _____ Tissue _____ Pre-op _____

Implant Restoration

Type of Restoration:

_____ Removable Overdenture
 _____ Bar with attachments
 _____ Fixed Hybrid Titanium
 _____ Fixed Hybrid Zirconia
 _____ Screw Retained Crown
 _____ Cementable Crown
 _____ Screwmentable Crown

Abutment Type:

_____ CAD CAM Titanium
 _____ CAD CAM Gold Coated
 _____ CAD CAM Zirconia
 _____ Custom Cast Abutment
 _____ Hybrid Abutment (Titanium & Zirconia)

Crown Type:

_____ PFM
 _____ Full Cast
 _____ E-max (Monolithic)
 _____ E-max (Layered)
 _____ Premium Zirconia (Monolithic)
 _____ Premium Zirconia (Layered)
 _____ Nu-Art Zirconia (Monolithic)
 _____ Single Unit
 _____ Splinted Units
 _____ Temporary

Occlusal Staining: None _____ Slight _____ Moderate _____ Heavy _____

Glaze: Low _____ Medium _____ High _____

Occlusal Contact: Tight _____ Light _____ Left Open _____

Contacts: Tight _____ Light _____ Left Open _____ Broad _____

_____ Custom Shade Consultation

SHADE INSTRUCTIONS: _____

gingival _____

body _____

incisal _____



gingival _____

body _____

incisal _____



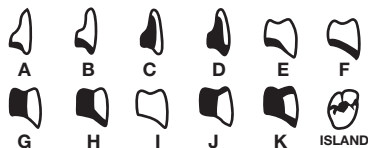
Scan Appliance / Surgical Guide:

_____ Barium
 _____ CO Diagnostics
 _____ Vacuum Pull-Down
 _____ Noble Guide
 _____ Clear with Holes
 _____ Clear with Tubes

Gingival Contour of Abutments/Crowns

_____ Slight blanching of soft tissue
 _____ Blanching (tissue returning to normal within 5 mins)
 _____ Natural emergence width (Dr. will sculpt tissue or use a releasing incision)

METAL DESIGN:



PONTIC DESIGN:



Components sent with case: (please indicate quantity)

_____ Impression coping w/screw
 _____ Analog
 _____ Drivers
 _____ Abutments
 _____ Abutment screws
 _____ Waxing sleeves
 _____ Other: _____

Doctor's Signature: _____

Return Date: _____

NOTE: The working time for implant restorations can take three weeks; please be aware of this when scheduling.