

## Implant Restoration Form

### General details

Dr/Surgery: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient name: \_\_\_\_\_ Proposed insert date: \_\_\_\_\_

Material enclosed:  Impressions  Models  Bite  Photos  Other

### Select final abutment and material type

Ziconia with titanium base

Custom milled Please specify \_\_\_\_\_

Multiple unit case Please specify \_\_\_\_\_

Full arch restoration Please specify \_\_\_\_\_

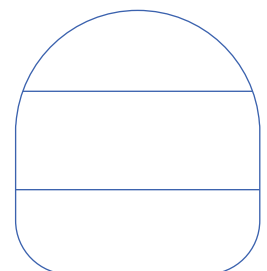
Do you require a veneered finish?  Yes \*Please email shade photos (required)  
 No

Have you provided impression x-ray? \*(required)  Yes  
 No

### Implant restoration specifications

Tooth	Implant type	Implant diameter
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Shade



### Special instructions