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IMPLANT RX

Date Due (by 5 pm)

Office _____

Doctor _____

Patient Name _____ / _____
Last First

IF NO OCCLUSAL CLEARANCE <input type="checkbox"/> METAL WHERE THERE IS NO ROOM <input type="checkbox"/> REDUCE PREP <input type="checkbox"/> SPOT OPPOSING <input type="checkbox"/> CALL DOCTOR	BITE <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM* <input type="checkbox"/> TIGHT <input type="checkbox"/> OUT OF OCCLUSION	PROXIMAL <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM* <input type="checkbox"/> TIGHT
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Select Abutment Type

- Custom Titanium Abutment
- Gold Shaded Custom Titanium Abutment
- Zirconia Hybrid Abutment W/Ti-Base
- Prepare Existing Abutment

Shade

Occlusal Staining
 None* Light
 Medium Dark

Indicate Implant System _____

Indicate Implant Diameter _____ mm



Cement-Retained Restorations

Metal <input type="checkbox"/> Non Precious <input type="checkbox"/> Semi Precious <input type="checkbox"/> White High Noble Precious	Metal Free <input type="checkbox"/> Full Zirconia <input type="checkbox"/> Anterior Solid Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> IPS E-Max <small>*Recommended Over Zirconia Abutment</small>
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Abutment Margin Depth

Facial Mesial
Lingual Distal

Default Values 0.5 mm Subgingival

Screw-Retained Restorations

Metal <input type="checkbox"/> Chrome-Cobalt <input type="checkbox"/> UCLA	Metal Free <input type="checkbox"/> Full Zirconia <input type="checkbox"/> Anterior Solid Zirconia <input type="checkbox"/> Layered Zirconia <input type="checkbox"/> IPS E-Max
SCRIP <input type="checkbox"/> Non Precious <input type="checkbox"/> Semi Precious <input type="checkbox"/> White High Noble Precious	

Abutment Emergence Profile

<input type="checkbox"/> Contour Tissue	<input type="checkbox"/> Tissue Displacement	<input type="checkbox"/> No Tissue Displacement
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Pontic Design

Metal Design

* Standard unless otherwise specified



ALL RESTORATIONS
 MADE IN USA

Signature of Dentist _____

Dentist License # _____