

Date: _____
 Doctor: _____
 Address: _____
 Office Phone: _____
 Patient Name: _____
 Tooth #: _____
 Implant Brand: _____ Size: _____



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ALLOY _____	DT _____
DWT _____	W _____
ABUT _____	F _____
CROWN _____	S _____
LAB USE _____	C _____
	G _____

Implant Restoration

___ Custom Shade Consultation

Type of Restoration:

- | | |
|---|--|
| <input type="checkbox"/> Screw Retained Crown | <input type="checkbox"/> Removable Overdenture |
| <input type="checkbox"/> Cementable Crown | <input type="checkbox"/> Bar with attachments |
| <input type="checkbox"/> Screwmentable Crown | <input type="checkbox"/> Fixed Hybrid Titanium |
| | <input type="checkbox"/> Fixed Hybrid Zirconia |

Abutment Type:

- CAD CAM Titanium
- CAD CAM Gold Coated
- CAD CAM Zirconia
- Custom Cast Abutment

Crown Type:

- | | |
|--|---|
| <input type="checkbox"/> PVC | <input type="checkbox"/> Single Unit |
| <input type="checkbox"/> Full Cast | <input type="checkbox"/> Splinted Units |
| <input type="checkbox"/> E-max Layered | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Lava Layered | |
| <input type="checkbox"/> Lava Plus FC | |

Occlusal Staining: None ___ Moderate ___ Heavy ___

Glaze: Low ___ Medium ___ High ___

Occlusal Contact: Tight ___ Light ___ Left Open ___

Contacts: Tight ___ Light ___ Left Open ___ Broad ___

SHADE INSTRUCTIONS:

gingival _____

body _____

incisal _____



gingival _____

body _____

incisal _____



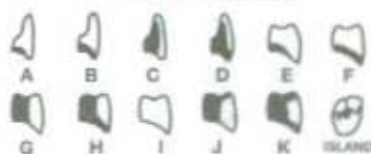
Scan Appliance / Surgical Guide:

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Barium | <input type="checkbox"/> CO Diagnostics | <input type="checkbox"/> Vacuum Pull-Down |
| <input type="checkbox"/> Noble Guide | <input type="checkbox"/> Clear with Holes | <input type="checkbox"/> Clear with Tubes |

Gingival Contour of Abutments/Crowns

- No 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)

- | | | | |
|--|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Impression coping w/screw | <input type="checkbox"/> Analog | <input type="checkbox"/> Drivers | <input type="checkbox"/> Abutments |
| <input type="checkbox"/> Abutment screws | <input type="checkbox"/> Waxing sleeves | <input type="checkbox"/> Other: _____ | |

Additional Instructions:

Return Date: _____

Doctor's Signature: _____

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