

## RESTORATIVE Rx

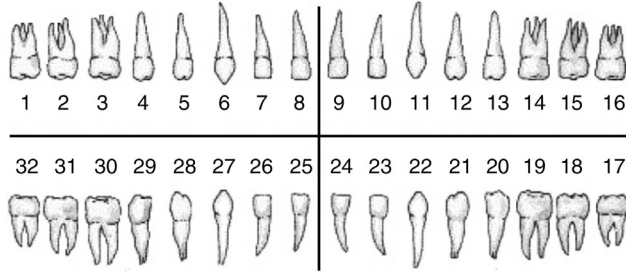
Rx Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ Appt. Date: \_\_\_\_\_ **NOTE: Do not appoint until ≥ 2 days post due date.**

Prescribing Doctor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### Teeth #

- Circle single units
- Bracket splinted/bridges



Tooth Shade: \_\_\_\_\_ Stump Shade: \_\_\_\_\_ Photo Sent:  Yes  No  
 Photo recommended for anterior restorations. Please send to: support@techsourcedental.com.

Adjacent Teeth:  Translucent  Opaque  High Value  Low Value

### FIXED RESTORATIONS

- TFZ Value
- TFZ Ideal
- TZ<sup>3</sup> Ultra
- Porcelain Fused to Zirconia
- eMax / Lithium Disilicate
- Provisional

### SPECIAL INSTRUCTIONS:

### ABUTMENTS

#### IMPLANT MANUFACTURER

Brand: \_\_\_\_\_ Size: \_\_\_\_\_  
 Brand: \_\_\_\_\_ Size: \_\_\_\_\_

If multiple units, please specify each.

#### ABUTMENT MANUFACTURER

- Atlantis
- BioHorizons
- Biomet Zimmer
- Nobel Biocare
- Straumann
- Other: \_\_\_\_\_

#### ABUTMENT MATERIAL

- Custom Titanium
- Custom Gold-shaded Titanium
- Custom Zirconia with Ti-Base
- Titanium Base with Full-Contour Zr Crown (e.g. Straumann Variobase, Nobel Universal base)
- Cement-retained
- Screw-retained
- \_\_\_\_\_ One Piece (cemented in lab)
- \_\_\_\_\_ Two Piece (cemented by doctor)

DOCTOR SIGNATURE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

### ALL COMPONENTS MUST BE SENT WITH CASE.

CLOSED TRAY: Implant replica & implant transfer | OPEN TRAY: Guide pin, implant pickup, & implant replica

\*\*\*INCOMPLETE LAB SLIPS MAY RESULT IN DELAYED RETURN.\*\*\*