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Implants Rx

Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor Name _____
Last First

Practice Name _____

Address _____

Phone _____

Patient Name _____

Patient Chart # _____ ☐ M ☐ F DOB _____

Rx Date _____ Due Date/Delivery on _____
(standard working time if no date given)

Case turnaround times are based on the date the Rx is received at PDL.
Please allow 13 business days (M-F) from that date.

FINAL ABUTMENT TYPE

- ☐ Zirconia Solid Screw Retained Implant
- ☐ Custom Titanium Abutment
- ☐ Custom Zirconia Abutment
- ☐ PFM Screw Retained

CUSTOM ABUTMENT

Design

- ☐ L - 0.5mm
- ☐ B - 1mm
- ☐ D - 0.5mm
- ☐ M - 0.5mm

Emergence Profile



- ☐ Follow tissue (no expansion)
- ☐ Contour design (expand tissue by 0.5mm)
- ☐ Anatomical (fully expand tissue)

SCREW RETAINED

Posteriors ☐ Zirconia Solid

Anteriors ☐ Solid Lingual ☐ Facial Layered

Emergence Profile

- ☐ Push tissue by 0.5mm
- ☐ Anatomical design
- ☐ Ridge lap on buccal on screenshots

Implant

Type _____

Size _____

To be included

- ☐ Lab analog
- ☐ Impression coping
- ☐ Abutment
- ☐ Others

CASE INSTRUCTIONS

Please CIRCLE single units and BRACKET splinted units

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Metal

- ☐ White HN*
- ☐ Semi-precious
- ☐ Non-precious

Restoration

- ☐ Crown
- ☐ Bridge

Return for

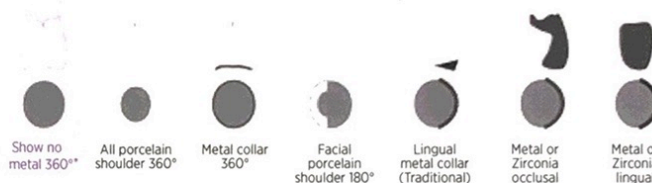
- ☐ Die trim
- ☐ Bisque
- ☐ Metal try-in
- ☐ Finish*
- ☐ Hybrid
- ☐ Nano-ceramic
- ☐ Bruxier
- ☐ Zirconia

Zirconia / All Ceramic

- ☐ Zirconia Solid
- ☐ Zirconia Layered
- ☐ IPS e.max

MARGIN DESIGN

Please circle your choice(s) of margin combination



CROWN DESIGN

Characterizations

Tooth Shade (REQUIRED) _____

Pontic Design



If Insufficient Room

- ☐ Trim opposing*
- ☐ Metal occlusal
- ☐ Call
- ☐ Metal island
- ☐ Reduction coping

Occlusal Clearance

- ☐ Light*
- ☐ Open
- ☐ Tight

Contact

- ☐ Light*
- ☐ Medium
- ☐ Heavy

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case
Email photos to: info@prosthodonticdentallab.com

Dentist signature** (REQUIRED) _____

Dentist license no. (REQUIRED) _____

*Standard design if an option is not selected