

Implant RX Form

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Precision Driven, Seamlessly Delivered

Doctor Information

- Doctor Name: _____
- Clinic Name: _____
- Contact Number: _____
- Date of Order: _____
- Delivery Date: _____

Patient Information

- Patient Name for Warranty: _____
- Age: _____
- Gender: _____

Job Type (Select one)

- New Job
- Correction Job
- Redo/Remake Job
- Continuation

Shade

- Tooth Shade: _____
(Include an image of a tooth bifurcated into three parts if needed)

Type of Restoration (Select one)

- Joint Crowns
- Separate Crowns
- Bridge

Tooth Number: (Please mark on the quadrant diagram)

- Quadrant 1: 1 2 3 4 5 6 7 8
- Quadrant 2: 1 2 3 4 5 6 7 8
- Quadrant 3: 1 2 3 4 5 6 7 8
- Quadrant 4: 1 2 3 4 5 6 7 8

Parts Sent

- Lab Analog Qty: _____
- Impression Post Qty: _____
- Abutment Qty: _____
- Screw Qty: _____
- Castable Abutment Qty: _____

Company of Stock

- Type of Implant:
 - Direct
 - Indirect

Enclosed With (Select all that apply)

- Impression Upper
- Impression Lower
- Model Lower
- Model Upper
- Study Model

- Jig Trial
- Digital Photo
- Articulator
- Shade Tab
- Bite

Pontic Design (Select one)

- Modified Ridge
- Hygienic (2mm)
- Ovate
- Bullet
(If not specified, default to Full Ridge Lap)

Stage (Select one)

- Open Special Impression Tray
- Jig Trial
- Screw Retained Bite Block
- Teeth Setup Trial
- PMMA
- Coping Trial
- Bisque Trial
- Finish

Implant Prosthesis (Select one)

- Direct
- Indirect

Crown and Bridge (Select one)

- Screw
- Cement
- Cement Access Hole

Hybrid Denture (Select one)

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- Screw

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- Cement

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Paulo Malo

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Implant Supported Overdenture

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Product Details (Select one)

- Milled Titanium
- DMLS - CoCr
- Metal Casting
- Peek
- G-Cam / with Ti base / Co-Cr / Peek

Implant Denture (Select as applicable)

- Screw Retained Hybrid (Framework - Milled / Cast)
- Bar & Clip (Milled / Cast Bar)
- Locator Attachment
- Ball Attachment
- Light Cure Closed Special Tray
- Implant Special Bite Block
- Implant Verification Jig
- Light Cure Open Special Tray

Specifications / Remarks (if any)

In Case of Any Clarification please contact care@dentailink.com or 9933140999



