

PERSONAL INFORMATION

Doctor Name*.....

Clinic Name*: Contact No*:

 Date: _____

 Delivery Date*: Age

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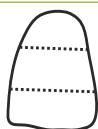
Gender: ☐ Male ☐ Female

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JOB TYPE

- ☐ New ☐ Continuation
☐ Redo ☐ Correction

SHADE



Tooth Shade

ENCLOSED WITH

- ☐ Imp Upper ☐ Model Lower
☐ Imp Lower ☐ Model Upper
☐ Study Model ☐ Jig Trial ☐ Digital Photo
☐ Articulator ☐ Shade Tab ☐ Bite

RESTORATION ON TOOTH

- ☐
- Joint Crowns
- ☐
- Separate Crowns
- ☐
- Bridge

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

PARTS SENT

- ☐ Lab Analog Qty_____
- ☐ Abutment Qty_____
- ☐ Impression Post Qty_____
- ☐ Screw Qty_____

☐ Castable Stock Abutment Qty_____

Company: _____

Type of Implant: _____

PONTIC DESIGN

- ☐ Modified Ridge ☐ Full Ridge
☐ Hygienic (2 mm) ☐ Ovate
☐ **Bullet** (If Not Specified Default Full Ridge Lap)

STAGE

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

IMPLANT PROSTHESES : Direct ☐ In-direct ☐

Crown & Bridge: ☐ Screw ☐ Cement ☐ C/Access Hole **Hybrid Denture :** ☐ Screw ☐ Cement ☐ **Paulo Malo** ☐ **Implant Supported Overdenture**

PRODUCT DETAILS

- ☐
- Milled Titanium
- ☐
- DMLS - CoCr
- ☐
- Metal Casting
- ☐
- PEEK
- ☐
- G-Cam / with |
- ☐
- Titanium Base |
- ☐
- Co-Cr |
- ☐
- PEEK

IMPLANT DENTURES

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

SPECIFICATIONS

In case of any clarification. Please Contact Dr _____ Contact No _____

PLEASE DISINFECT THE IMPRESSION :

By filling this RX copy, you agree to by all terms & conditions of Illusion Dental Laboratory and agree to receive messages and newsletters.

Note: Please send a bite registration along with the upper & lower rubber base impression. Kindly fill in all the required details in the Rx to avoid any delay with your cases.
*Please mention Patient's name for warranty card.