ILLUSION DENTAL LAB
SINCE 1989

• IMPLANT RX •

Barcode

1 PERSONAL INFORMATION

Doctor Name*:.....

Clinic Name*:..... Contact No*:..... Date:.....

Delivery Date*:..... Age ☐☐ Gender: ☐ Male ☐ Female

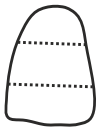
Patient Name*: For Warranty Card ☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐

2 PRELIMINARY INFORMATION

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_____ ☐ Impression Post Qty_____
☐ Abutment Qty_____ ☐ Screw Qty_____
☐ Castable Stock Abutment Qty_____
Company:_____
Type of Implant:_____

3 IMPLANT CROWN & BRIDGE

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

4 IMPLANT DETAILS

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

5 IMPLANT DENTURE

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.