

IMPLANT RX FORM



2113 State Street
 New Albany, IN 47150
 812.945.7122 • 812.949.3492
 800.999.7122
 www.kelleydental.com

Doctor Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

SHADE, SMILE DESIGN & CHARACTERIZATION

Shade Desired: _____

Please note custom characterization on your drawing.



Prep Shade _____

Ideal Central Length _____ mm

Occlusal Staining None Light Medium Dark

Incisal Translucency Minimal Moderate Maximum

Tissue Displacement Minimal Moderate Anatomical

Margin Placement

Buccal _____ Lingual _____
 Sub gingival (____mm) Sub gingival (____mm)
 Supra gingival (____mm) Supra gingival (____mm)

FULLY EDENTULOUS

Teeth

Anteriors: Mondial 6i Phonares II Other _____

Posteriors: Mondial 8i Phonares II Other _____

Tooth Shade: _____

Mould: _____

Acrylic Shade: _____

Include Prosthetic Screws with finished bar

SPECIAL INSTRUCTIONS

Please Call Attention: _____ Dr.'s Signature _____

Please send me: Boxes Rx Shipping Labels License # _____

Patient _____

Age _____ Male Female

AM

PM

Return Date _____

ENCLOSURES

- Articulator Models Photos enclosed
- Bite Opposing Photos emailed to info@kelleydental.com
- Dies: # Pre-Op Shade Tab
- Facebook Temp Stick Bite
- Surgical Report

IMPLANT RESTORATION TYPE

Fixed Implant Restorations

- Cement Retained
- Screw Retained
- Ti Base Screw Retained

Fully Edentulous Restorations

- Locator Retained
- Fixed Detachable/Hybrid
- Bar Over Denture
- Conus

ABUTMENT TYPE/TOOTH NUMBERS/MANUFACTURER

Custom

- Titanium
- Gold Shaded Titanium
- Zirconia with Ti Base
- Gold Alloy/UCLA

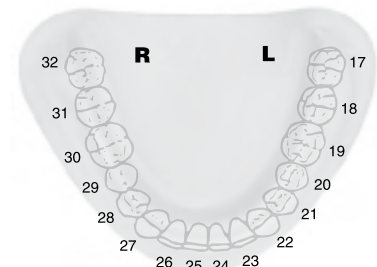
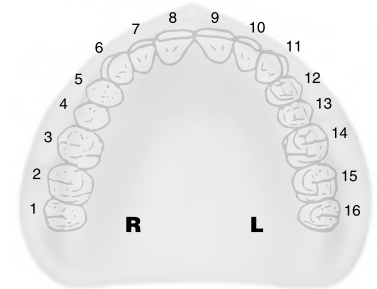
Stock

- Titanium
- Zirconia

Tooth Number	Manufacturer, Implant System	Implant Platform
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESTORATION MATERIAL

- e.max Press PFM
- e.max to Zirconia White Noble
- Temporary White High Noble
- Full Contour Zirconia (FCZ) Yellow High Noble
- High Translucent with shade gradient (FCZ)
- High Translucent (FCZ)
- Monolithic (FCZ)



CASE CHECKLIST

The case checklist is designed to assist you in completing your cases to help ensure the best results possible.

HELPFUL REMINDERS

- Make sure all models are properly packaged to prevent breakage
- Label all photos and discs with doctor and patient name
- Review prescription to ensure it is complete

ANTERIOR CASES

- Detailed Prescription, please include:
 - Length of Centrals
 - Shade Desired
 - Shade(s) of preps (include photos)
 - Indicate collarless or butt shoulder margin for PFM restorations
 - Case Goals
 - Correct Malalignment
 - Close Spaces
 - Increase Length
 - Color Change
 - Contour Like – Study or Temp Model
- Models
 - Pre-op
 - Temporaries
 - Opposing
- Photos, full face & 1:2
 - Photos can be submitted to info@kelleydental.com
 - Pre-op
 - Stick Bite
 - Temporaries
 - Face Bow
 - Prep/Dentin/Stumpf
(ensure shade tab is legible)
- Bite Registration
- Stick Bite
- Face Bow

DENTURE

- Detailed Prescription, Include
 - Shade & Mould
 - Sex & Age of Patient
- Bite Registration
- High Lip Line
- Low Lip Line
- Midline
- Model of Old Denture
 - if you like the shape of the teeth

IMPLANT CASES

In addition to the information requested for Anterior Cases and Denture Cases, Please provide:

- Detailed Prescription, include
 - Implant Manufacturer
 - Implant Platform
 - Implant Diameter
 - Abutment Desired
 - Restoration Material Desired
- Surgical Report
- Office has proper drivers to complete case
 - Conical
 - Universal
 - .050 Hex
 - Straumann
 - Other