Implanning® Rx

IMPLANT SUPPORT SPECIALIST

***Standard PFM/FGC design if nothing is marked. (Additional fees will apply if other than standard.)**

1. Type of Guide

- ❑ **Radiographic Guide**
  - ❑ Hard Acrylic
    - ❑ a. Barium Sulfate Teeth
    - ❑ b. Gutta Purcha
- ❑ **Vacuum**
  - ❑ c. Guide Hole
  - ❑ d. 4 mm Ball Markers
- ❑ **Surgical Guide**
  - ❑ Buccal Facing
  - ❑ Guide Hole
  - ❑ Metal Guide Sleeves
- ❑ **Guided Surgical Guide**
  - ❑ Nobel Biocare
  - ❑ Straumann
  - ❑ Other _____

2. Type of Restoration/Appliance

- ❑ a. Cement Retained* (No hole)
- ❑ b. Screwmentable (w/ access hole)
- ❑ c. Screwmentable (w/ cem. & hole)
- ❑ d. Screw Retained (1-piece, UCLA)
- ❑ e. Bar Overdenture
- ❑ f. Hybrid Denture
- ❑ Single Units*
- ❑ Splinted Units
  - ❑ Opaque Abut.

PROVIDE X-RAY OF IMPRESSION COPING TO VERIFY COMPLETE SEATING

3. Abutment Type

- ❑ a. CAD/CAM Ti*.
- ❑ b. CAD/CAM Ti./Gold
- ❑ c. CAD/CAM Zirconia
- ❑ d. TiBase
- ❑ e. Custom Casted
- ❑ f. Custom Prep
  - ❑ Anodized-Gold or Pink

4. Abutment Manufacturer

- ❑ a. Nobel Biocare
- ❑ b. Dentsply Impts - Atlantis
- ❑ c. Straumann
- ❑ d. Biomet 3i
- ❑ e. Zimmer
- ❑ f. TruAbutment (3rd Party)
- ❑ g. Other _____

5. Type of Restoration

- ❑ a. PFM*
- ❑ b. Lava-Zirconia
- ❑ c. ZirCeram-Layered Zirconia
- ❑ d. AllZir-Ultra/ML-Full Zir.
- ❑ e. BruxAll-Full Zir.
- ❑ f. Temporary - Acrylic

6. Type of Metal

Crown

- ❑ a. PFM Precious*-White
- ❑ b. PFM Semi-Precious-White
- ❑ c. PFM Yellow Ceramic-Med. Yellow
- ❑ d. FGC Precious-High Yellow
- ❑ e. FGC Precious-Yellow

Casted Abutment

- ❑ f. Precious*-Yellow
- ❑ g. Semi-Precious-White

7. Crown Design

- ❑ a. Lingual Collar*___mm
- ❑ b. Full Porcelain Coverage
- ❑ c. Facial Layering
- ❑ d. 360 Degree - Metal Margin ___mm
- ❑ e. Metal/Zi Occlusal (3/4 Occ)
- ❑ f. Metal/Zi Occlusal (Full Occ)
- ❑ g. Metal/Zi Island
- ❑ h. Metal Lingual/Zi-Anterior Tooth

8. Occlusal Contact

- ❑ a. Out (0.5mm sub)
- ❑ b. Light* (0.3mm sub)
- ❑ c. Contact (Touching Opp)

9. Interproximal Contacts

- ❑ a. Light
- ❑ b. Medium*
- ❑ c. Heavy (Scrape Cast)

Terms and Conditions: GKY Dental Arts, Inc. requires each case be accompanied by a signed labslip which is to be considered a binding work order agreement and acceptance of our Terms and Conditions. Invoices are billed by statement with payment due by the end of the subsequent month from statement date. 2% Service Charge will be billed on all past due balances.

GKY Dental Arts, Inc.

(Formerly G&H Dental Arts)

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Torrance, CA 90504 (310) 214-8007
www.gkydentalarts.com (310) 214-9137 Fax

Account # _____

Doctor's Name _____

Group Name _____

Address _____

City, State, Zip _____

Email Address _____

Patient Last Name _____

Patient First Name _____

Shipping Date _____ ❑ Male ❑ Female

DATE DUE-Deliver case by 5PM on _____

(Please do not schedule patients on lab due date)

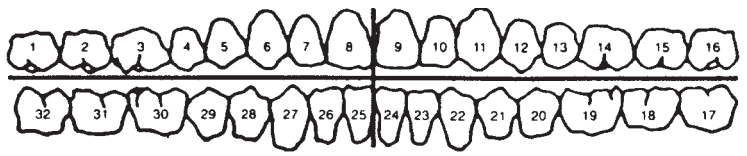
❑ Finish

❑ Bisque Try-In

❑ Metal Try-In (Required on all Bridges & Splints)

❑ **Advanced Cosmetic Team**

(See Fee Schedule)



❑ Singles _____

❑ Bridge _____ (Pontic # _____)

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in the event of suit, including attorney fees.

Dentist Signature _____ License # _____

Items Enclosed ❑ Implant ❑ Model ❑ Bite ❑ Opposing ❑ Shade ❑ Pre-op Model ❑ Photo ❑ Model of Temps

10. Tissue Displacement

❑ a. Minimal ❑ b. Moderate* ❑ c. Anatomical

11. Margin Placement

Buccal

- ❑ a. Sub-gingival* (___mm)
- ❑ b. Supra-gingival (___mm)

Lingual

- ❑ a. Sub-gingival (___mm)
- ❑ b. Supra-gingival* (___mm)

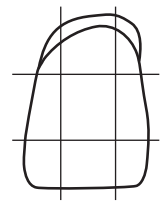
12. Gingival Embrasures

❑ a. Natural* ❑ b. Open ❑ c. Closed

13. Shade

Desired Shade _____

PLEASE PROVIDE STUDY MODEL ON ALL CASES INVOLVING ANTERIOR TEETH

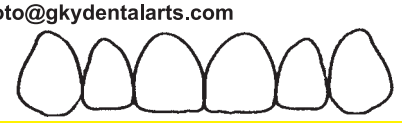


Type of Shade Guide

- ❑ Vita 3D Guide
- ❑ Vita Classical
- ❑ Other _____
- ❑ Chromoscope
- ❑ Bioform

Smile Guide # _____

photo@gkydentalarts.com



14. If Occlusal Space is Needed

- ❑ a. Adjust Opposing Tooth*
- ❑ b. Adjust Abutment and Mark
- ❑ c. Adjust Abutment and Make Coping
- ❑ d. Make Metal/Zi Island
- ❑ e. Make Metal/Zi Occlusal

15. Occlusal Stain

❑ a. None* ❑ b. Light ❑ c. Heavy

16. Implant Information

Name of Implant Manufacturer

- ❑ a. Nobel Biocare
- ❑ b. Straumann
- ❑ c. Astra Tech
- ❑ d. Biomet 3i
- ❑ e. Zimmer
- ❑ f. Keystone
- ❑ g. Other _____

Implant Diameter/Platform

Tooth # _____, _____mm
Tooth # _____, _____mm
Tooth # _____, _____mm

Name of Surgeon: _____

Phone Number: _____

17. Instructions for Temporaries

a. ❑ Splinted or ❑ Single Units

b. Pontic Tooth Number _____

For Lab Use

Model _____
Trim _____
Wax _____
Metal _____
Opaq _____
Porc _____
Pol _____
Q.C. _____
Abut Weight _____
Crown Weight _____

Additional Services: Crown & Bridge/Cosmetic/Removable

Please Send More ❑ Shipping Labels ❑ Boxes ❑ Cosmetic Rx ❑ Removable Rx ❑ Crown & Bridge Rx ❑ Implanning Rx

White - Lab Copy Yellow - Doctor's Copy

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