



Implant Laboratory Design Rx Form

1. Patient Name & DOB _____ Dentist _____

2. Patient Appointment Date and Time _____

3. **CASE OPTIONS** (please indicate below what you would like the lab to fabricate).

Abutment/Model + Crown)
Produced by Hermitage Dental Lab

ABUTMENT / MODEL ONLY &
Send to Your lab for Crown

OUTSOURCED LABORATORY

NAME of Lab _____

Address / Phone _____

4. **ABUTMENT MATERIAL**  **Titanium Nitride (Gold)**



Titanium

5. Implant Brand _____

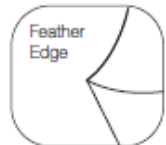
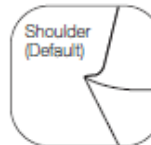
6. Implant Size _____

7. **ABUTMENT DESIGN** Guidelines and defaults *****(OPTIONAL)**

SUB GINGIVAL MARGIN DEPTH: ___ Buccal/Facial ___ Lingual ___ Mesial ___ Distal (DEFAULT FOR ALL = 1mm)

INTEROCCLUSAL CLEARANCE: ___ (DEFAULT = 2.5mm)

Margin Style: Shoulder ___
Chamfer ___
Feather ___



8. **Abutment, Screw +**
CROWN

PFM

EMAX Layered

PFZ (Porcelain Fused to Zirconia)

EMax Full Contour

Full Contour Zirconia

Remove Golden Nitride

Temporary

Do you have photos for the Lab?: YES ___ NO ___

7. SHADE:

8. INSTRUCTIONS:

Signature _____ Date _____