



DOCTOR _____ DATE SENT _____

E-MAIL ADDRESS _____ DATE WANTED _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

PATIENT'S NAME _____ PATIENT'S AGE _____
(please print)

- PLEASE PHONE ME CONCERNING THIS CASE
- SEND ME GOOD2GO VIRTUAL TREATMENT PREVIEW FOR COMMENTS AND APPROVAL

PLEASE SEND SUPPLIES:

- RX SHEETS SHIPPING BAGS
- RX LABELS PLASTIC BAGS
- SHIPPING BOXES



FIXED IMPLANT PROSTHETICS

FIXED IMPLANT RESTORATIONS

RESTORATION TYPE

- IPS e.max® BruxZir® BruxZir Anterior®
- ZceramFC Zceram iZir-BruxZir
- DigiTemps Healing Abutment Healing Abutment
Temporary Engaging Non-Engaging

RESTORATION DESIGN

- Cementable Screw-Retained Angled Screw Channel

CUSTOM ABUTMENT

- Zirconia Zirconia with Titanium Base
- Titanium GoldHue Titanium

MILLED TITANIUM IMPLANT BARS

FIXED IMPLANT BAR

- Wrap Around Screw-Retained Hybrid

FIXED-REMOVABLE IMPLANT BAR

- Free Form Milled Dolder Hader

ATTACHMENT TYPE

- Ball Locator Clip

IMPLANT DENTURES

DENTURE TYPE

- Fixed-Hybrid OverDenture Locator

IMPLANT PLANNING AND SURGICAL GUIDES

DIGITAL IMPLANT PLAN AND PRINTED SURGICAL GUIDE

- Protec-Inclusive

DIGITAL IMPLANT PLAN ONLY

- Protec-Inclusive

PRINTED SURGICAL GUIDE ONLY

- Protec-Inclusive

IMPLANT GUIDE DESIGN

- Fully Guided Pilot Hole Fully Edentulous

INTERPROXIMAL CONTACTS:



OCCUSAL CONTACTS:



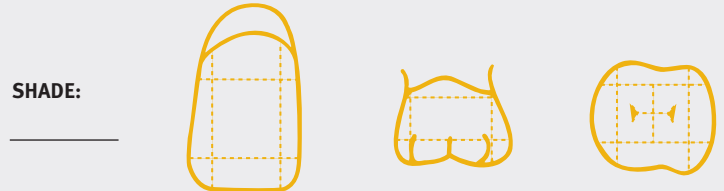
ABUTMENT EMERGENCE PROFILE:



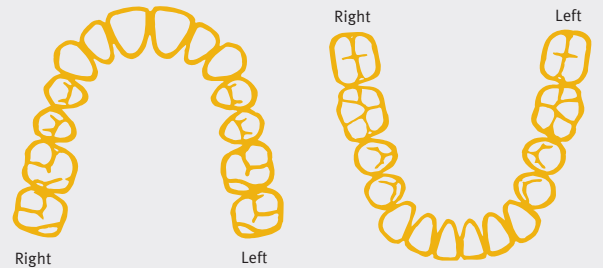
PONTIC DESIGN:



SHADE:



DESIGN:



IMPLANT MANUFACTURER: Brand _____ Type _____ Quantity _____

SPECIAL INSTRUCTIONS:

DOCTOR'S SIGNATURE: _____