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SCAN QR FOR



SHIPPING INSTRUCTIONS

DOCTOR \_\_\_\_\_ DATE SENT \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ DATE WANTED \_\_\_\_\_

ADDRESS \_\_\_\_\_ SURGERY DATE \_\_\_\_\_

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



## CHROME GUIDEDSMILE RECONSTRUCTION

### CHROME FULL-ARCH SURGICAL GUIDES

**SURGICAL ARCH**

Maxillary  Mandibular

**Implant Positions** Maxillary \_\_\_\_\_

**Implant Positions** Mandibular \_\_\_\_\_

Implant Manufacturer \_\_\_\_\_ Type \_\_\_\_\_ Quantity \_\_\_\_\_

Fully Guided Kit \_\_\_\_\_

**RECORDS**

Digital Impression System \_\_\_\_\_ or  Polyvinyl Impressions or models

Bite is very difficult  PolyVinyl Registration  Bite Block

Adjust Midline \_\_\_\_\_

Open Vertical Dimension \_\_\_\_\_mm Close Vertical Dimension \_\_\_\_\_mm

Shade \_\_\_\_\_

**Clinical photos:** Photo Full Smile, Front Face, and Retracted Smile

**Smile**  Ideal Smile or  Existing Smile or  See notes

**CT SCAN**

**Maxillary Arch**  Upper Patient Scan  Upper Appliance Scan

**Mandibular Arch**  Lower Patient Scan  Lower Appliance Scan

**INCLUDE THESE ITEMS**

Implants  Abutments  Temporary Cylinders  Drills & Pins

### FIXED FULL-ARCH PROSTHETICS

**FULL-ARCH RESTORATIVE MATERIAL**

Izir - Bruxzir Full-Arch Prosthetic

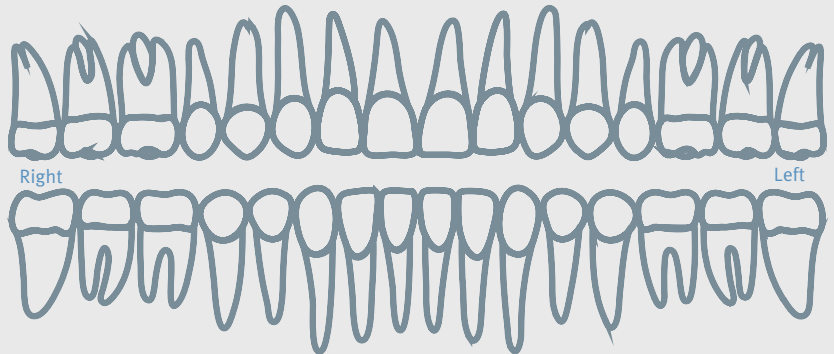
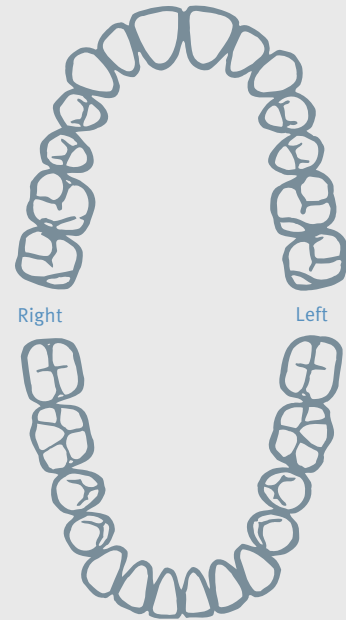
Acrylic Hybrid Implant Denture

Milled Titanium Bar

Temporary Prosthetic

**SPECIAL INSTRUCTIONS:**

DESIGN:



DOCTOR'S SIGNATURE: \_\_\_\_\_

TOP - LABORATORY COPY

BOTTOM - DOCTOR'S COPY