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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
- Open Vertical Dimension \_\_\_\_\_mm   Close Vertical Dimension \_\_\_\_\_mm
- Shade** \_\_\_\_\_ **Smile**    Ideal Smile   or    Existing Smile   or    See notes
- Clinical photos:** Full Smile Photo Required

**CT SCAN**

- Maxillary Arch**    Upper Patient Scan    Upper Appliance Scan
- Mandibular Arch**    Lower Patient Scan    Lower Appliance Scan

**INCLUDE THESE ITEMS**

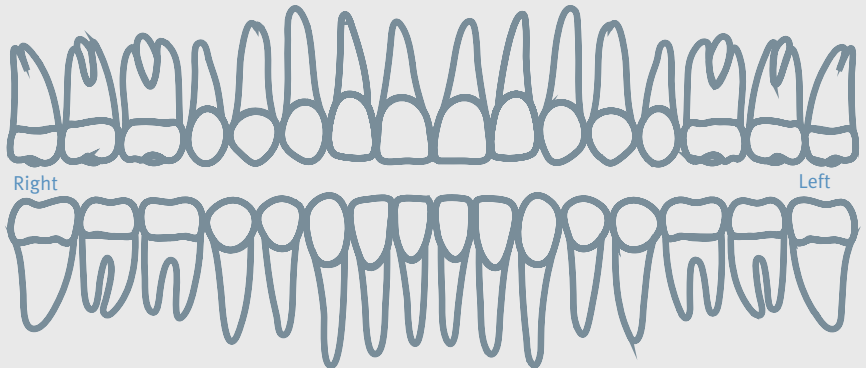
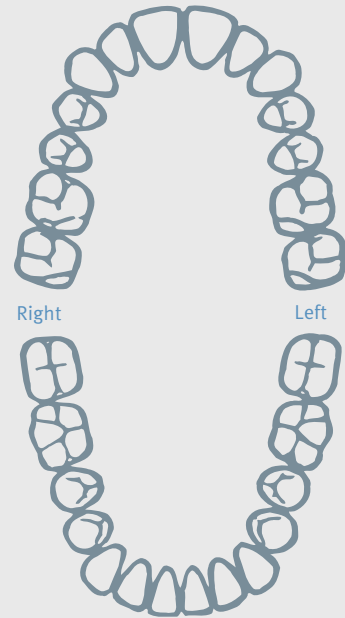
- Abutments    Temporary Cylinders    Drills & Pins

### FIXED FULL-ARCH PROSTHETICS

**FULL-ARCH RESTORATIVE MATERIAL**

- Izir - Bruxzir Full-Arch Prosthetic
- Acrylic Hybrid Implant Denture
- Milled Titanium Bar
- Temporary Prosthetic

DESIGN:



### SPECIAL INSTRUCTIONS:

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

TOP - LABORATORY COPY

BOTTOM - DOCTOR'S COPY