

Transition Laboratory Procedure Prescription

REQUIRED INFORMATION

Doctor name _____
Last First

Practice name / ID _____

Address _____

Phone _____

Patient name _____
Last First

Patient chart no. _____ M F Age _____

RX date _____

Due date/Deliver case by 5pm on _____ (standard working time if no date given)

Case turnaround times are based on the date the prescription is received at Treasure Dental Studio. Please allow 7 business days (M-F) from that date. The milling of the bar will take at least 14 working days to complete

Implant System

Nobel Biocare Zimmer Ankylos Astra Tech
 Straumann Implant Direct Camlog 3I Biomet

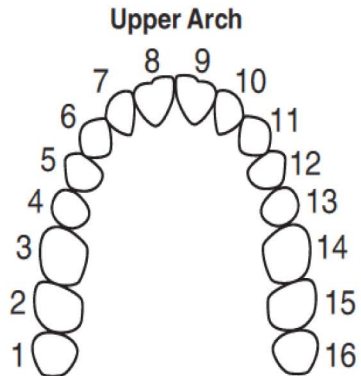
Anticipated Diameter of Implants _____

Style of Implant _____

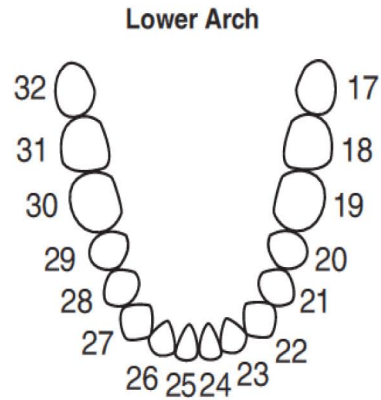
Surgery Procedure

1. _____ 4 on the floor angled: _____ 30 degree _____ 17 degree
2. _____ 4 on the floor straight
3. _____ 6 on the floor
4. _____ Other Explain: _____

Upper Arch



Lower Arch



CASE DESIGN

Surgical Guide: Yes No

Mark all teeth where Implants are to be placed

Interim Denture Acrylic Shade:

Lt. Fiber Pink Lucitone Original Dk. MeHarry

Teeth Selection:

Shade _____ Mould No. _____

Bone Reduction: Yes No

Maxillary _____ mm Mandible _____ mm

RX INSTRUCTIONS

Dentist signature* _____ Dentist license number _____

Send photos and emails to photos@TreasureDentalStudio.com