## **IMPLANT RX**





Dr. Name			Phone
Patient Name		Age	Male/Female
Address			
Addic33		City/State/Zip	
Date	Deliver by 5 p.m. on		

Notes:



SCAN FOR DIGITAL CASE **SUBMISSION INSTRUCTIONS** 

0: /0: 17'			
City/State/Zip			
SHADE INSTRUCTIONS			
Tooth No.			
Final Shade			
Occlusal Staining: ☐ Light* ☐ Med ☐ Dark ☐ None			
SCREW-RETAINED RESTORATION			
☐ BruxZir Full-Strength			
O Finished O Unfinished			
☐ BruxZir Esthetic			
O Finished O Unfinished			
BRUXZIR IMPLANT PROSTHESIS (ALL ON X)			
○ Complete Service ○ Copy Mill			
☐ BruxZir Implant Prosthesis (Full-Strength) (Precision-milled solid zirconia with tooth and gingival tissue shade. NOTE: Complete service includes provisional try-in implant prosthesis; a duplicate provisional can be purchased for an extra fee.)			
O Finished O Unfinished			
☐ BruxZir Esthetic Implant Prosthesis (Precision-milled esthetic solid zirconia with tooth and gingival tissue shade. NOTE: Complete service includes provisional try-in implant prosthesis; a duplicate provisional can be purchased for an extra fee.)			
O Finished O Unfinished			
☐ Provisional Implant Prosthesis (Provisional with tooth and gingival tissue shade)			
O Finished O Unfinished			
GINGIVAL SHADE			
☐ G00 (Lightest) ☐ G0 (Light) ☐ G1 (Standard)			

☐ G3 (Medium) ☐ G4 (Dark) ☐ G5 (Darkest)

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