



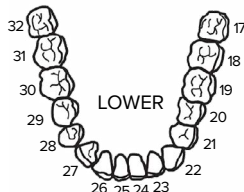
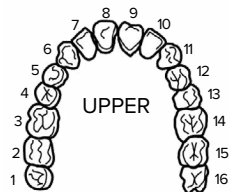
www.edmondsdentalprosthetics.com

2065 W. Woodland | 1.800.462.3569  
Springfield, MO 65807 | FAX: 417.881.0484

**SPECIAL INSTRUCTIONS**

Please Call Please Text Phone: \_\_\_\_\_

Request Return Date: \_\_\_\_\_ Time: \_\_\_\_\_



**DOCTOR INFORMATION**

Date: \_\_\_\_\_  
Dr. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Patient: \_\_\_\_\_ Age: \_\_\_\_\_  
Male Female

**ABUTMENT SELECTION**

**PATIENT SPECIFIC MILLED**  
Titanium Gold Hue Zirconia

**UCLA**  
High Noble White High Noble Gold

**ZIMMER BIOMET ENCODE**

**TEMPORARY**

**CEMENTABLE**

**SCREWMENTABLE**  
Place screw access hole, but do not cement.  
Place screw access hole, and cement  
(extra charge for cement).

**ABUTMENT EMERGENCE PROFILE**

**ANATOMICAL TISSUE DISPLACEMENT**  
**BLANCHING OK MODERATE TISSUE DISPLACEMENT (Default)**  
**NO BLANCHING**

**ABUTMENT MARGIN DESIGN**

**SHOULDER (Default)**  
**CHAMFER**  
**FEATHER**

**IMPLANTS**

If no occlusal clearance:  
Call Adjust Opposing

**SURGICAL GUIDE**

Pilot Hole  
Fully Guided

**ENCLOSED WITH CASE**

Impression Master Model Old Crown  
Study Model Diag. Wax-up Photos  
Denture Attachment Bite Relation  
Facebow Opposing Model Articulator

	Amount Included	
Copings	_____	Has this case been disinfected? Yes No <i>*Please send a copy of the surgical note.</i>
Analogs	_____	
Abutments	_____	
Screws	_____	

Digital Scan:  
Date Sent: \_\_\_\_\_ Time Sent: \_\_\_\_\_  
System: \_\_\_\_\_

**(Please include impression components with case)**

Brand	Type	Size	Tooth#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RESTORATION SELECTION**

E-Zr Natural (Anterior) E-Zr Total (Posterior)  
Porcelain to High Noble Yellow Full Cast  
Porcelain to High Noble White Porcelain to Base Metal  
Porcelain to Noble White

**SHADE** Final Shade  
Pink Porcelain at Gingiva? Yes No

**OCCUSAL STAINING \*DEFAULT**  
None Light\* Medium Heavy

**EMBRASURES**  
Open Closed

**CONTACTS**  
Broad & Tight Pinpoint Light

**SURFACE TEXTURE \*DEFAULT**  
Smooth Moderate\* Textured

**SIGN & COMPLETE PRESCRIPTION**

Payment is due upon receipt of statement. Payment not received by the end of the following month is subject to a 1.5% per month service charge on the unpaid balance plus all collection costs if incurred. Your signature is acceptance of these terms. *Each prescription must be completed and signed.*

X \_\_\_\_\_  
Doctor Signature License Number

**PLEASE PRINT TWO COPIES OF COMPLETED SCRIPT. KEEP ONE FOR YOUR RECORDS AND SEND ONE WITH YOUR CASE**