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Doctor Name: _____

Patient Name: _____

Date: _____

Due Date: _____

Tooth Numer: _____ Shade: _____

IMPLANTS

Implant Brand	Material	Occlusion	Restoration Type
<input type="radio"/> NobelReplace	<input type="radio"/> Titanium	<input type="radio"/> Porcelain	<input type="radio"/> Cement-retained
<input type="radio"/> NobelActive	<input type="radio"/> Gold-shaded Titanium	<input type="radio"/> Metal	<input type="radio"/> Screw-retained
<input type="radio"/> BioHorizon	<input type="radio"/> Zirconia shade		<input type="radio"/> One Piece Zirconia
<input type="radio"/> Other			<input type="radio"/> Custom Abutment

Crown over Implant

- P.F.M.
- Full Gold
- Zirconia - Full Contour
- Zirconia - Layering
- IPS e-max®

CUSTOM ABUTMENT EMERGENCY PROFILE



Surgical Placement



Tissue Displacement*



No Tissue Displacement*

CROWN AND BRIDGE

Crown Type	Alloy	Occlusion
<input type="radio"/> P.F.M.	<input type="radio"/> High Gold	<input type="radio"/> Porcelain
<input type="radio"/> Full Gold	<input type="radio"/> Semi Precious	<input type="radio"/> Metal
<input type="radio"/> Zirconia - Full Contour	<input type="radio"/> Non Precious	<input type="radio"/> Metal Island
<input type="radio"/> Zirconia - Layering		
<input type="radio"/> IPS e.max®		

Interproximal Contact	Insufficient Room	Occlusion Contact
<input type="radio"/> Broad	<input type="radio"/> Trim Prep.	<input type="radio"/> Positive
<input type="radio"/> Normal	<input type="radio"/> Trim Opp.	<input type="radio"/> Foil Relief
<input type="radio"/> Point	<input type="radio"/> Please contact	<input type="radio"/> No contact

Margin	Pontic Design
<input type="radio"/> Porcelain	<input type="radio"/> Hygenic <input type="radio"/> Ovate
<input type="radio"/> Butt Margin	
<input type="radio"/> Fine Metal Collar	<input type="radio"/> Sanitary <input type="radio"/> Ridge lap

SPECIAL INSTRUCTIONS:

Doctor's Signature: _____