

5701 E Hillsborough Ave, Ste 2120, Tampa, FL
33610 800.818.1704

Full Arch Hybrid

Laboratory Procedure Prescription

Due Date: _____ **TRY IN** _____ **FINISH** _____

Doctor Name: _____

Practice Name: _____

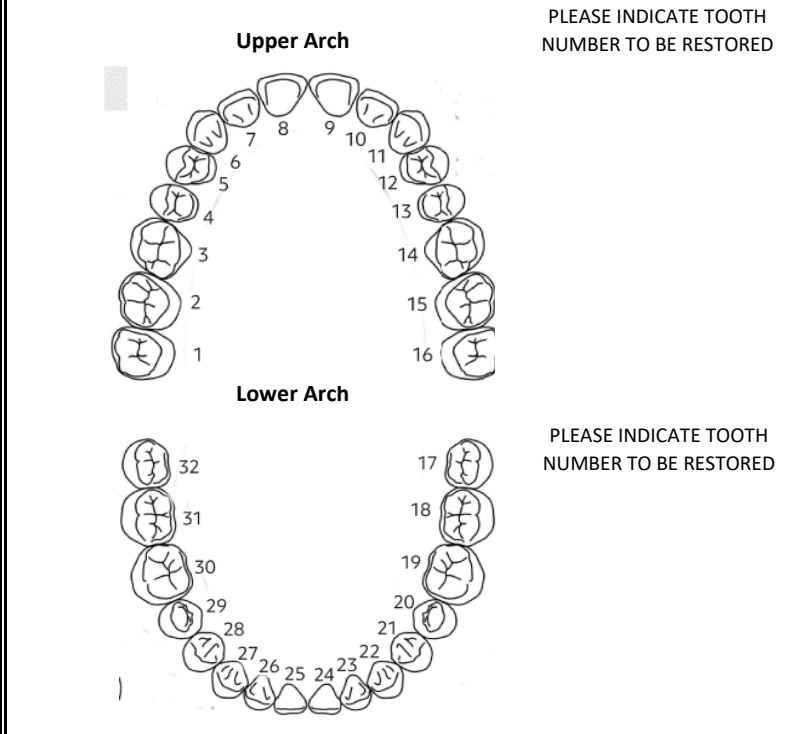
Phone: _____

Address: _____

Patient Name: _____

Patient Age: _____

ENCLOSED WITH CASE: Model Metal Trays Teeth Shade Tab Articulator Bite Impression Photo Abutments Impression Coping Other **CALL ME**



All full arch restorations require comprehensive treatment planning.

- 1) Please provide what will best fit patient needs.
- 2) Patients' esthetic concerns. The tissue and tooth shade.
- 3) Please provide radiograph film/x-ray of impression posts on platforms
- 4) Pictures of the patient with all positions shown on the planning sheet. The pictures are for us to determine lip support, transition line, tooth position of centrals, and the occlusal table in the smile window.

- FIXED HYBRIDS SCREW RETAINED**
- Zirconia Esthetic Layered
 - Zirconia Full Contour
 - Nano Ceramics Crystal Ultra/Trilor Bar
 - Acrylic Wrapped Bar
 - Acrylic PMMA Ti Bases

- REMOVABLE ATTACHED OVERDENTURE**
Tissue and Attachment Supported
- Individual Locators Frame Supported
 - Milled Locator Bar
 - Milled Hader Bar Attached
 - Non Tissue Supported
 - Double Substructure Titanium
 - Fixed Locator Hybrid
 - Conus
 - Integrated Bar

IMPLANT

Implant System Used _____

If the case is PRESURGICAL, please provide CBCT scan and study models.

Please call to discuss the planning process.


- Fully guided with a printed appliance
- Provisional for Immediate Load Surgery
- Stacked/Layered Guide with full treatment planning with technician for bone reduction and provisional

SPLINTS

U	L	
<input type="checkbox"/>	<input type="checkbox"/>	Hard
<input type="checkbox"/>	<input type="checkbox"/>	Hard/Soft (Comfort/Flexi)
<input type="checkbox"/>	<input type="checkbox"/>	Sports Guard
<input type="checkbox"/>	<input type="checkbox"/>	Other

SHADE

Desired: _____ Stump: _____



Instructions