Easy Implant Rx



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Date	Return by 5pm on	Return by 5pm on	
Doctor Name	Patient Name		
Doctor Address/Phone	Patient Sex: M/F	Age	
TEETH NUMBERS:		SHADE:	
List parts provided by Dr. ar	nd then proceed:		
1. List Impant Type and Dia			
Tooth # In	nplant Brand	Implant Diameter	
2 Choose Fither: Screw Reta	ain - OR - Cement Retain	: (Screw Retain recommended whenever possible)	
If Screw Retained, go	to step 3 to choose crown	•	
If Cement Retained, c	• •		
Custom Zircon UCLA Type go	ia with Titanium Housinș old abutment	g (Recommended)	
3. Select Crown Type:			
For Screw Retained: cl	hoose Emax or PFM.		
For Cement Retained,	choose one of the followi	ng:	
E.max			
PFM			
	e one of the following):		
	ntour (max strength)		
	& Layer Facial		
	& Layer Facial & Occlus	al	
Cutback	& Layer Whole		

DOCTOR'S INSTRUCTIONS:	
4. Mail Case to Lab and Include: Impression Post Impression Opposing Model Shade	Photos Waxup or Pre-Op Model Implant Type 7 Diameter
PLEASE SEND: \Diamond Rx Forms \Diamond Ma	iling Labels
Doctor's Signature	License Number