



Dr. Name .....  
 Practice Name ..... Post Code .....  
 Phone number .....  
 Your case reference ..... Age .....  
No patient name  
 RX Date ..... Delivery Date .....

**Crown  
 Bridges &  
 Implant  
 PRIVATE**

**We accept scans from iTero element, 3shape Trios, 3M, Dentsply Sirona, Carestream, Medit**

For lab use only, Opened by:

1 | 2

MHRA : 8999

**Case Instruction**

DLA Member

**1. Please Circle single unit and bracket splinted units**

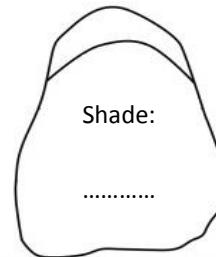
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

For lab use only,  
 enclosed / missing:

**2. Select type of restoration**

- Crown
- Bridge
- Implant
- Post & core (integrated or separated)
- Veneer
- Inlay/onlay
- Diagnostic wax-up
- .....

**3. Final shade**



**4. Please choose material and implant system**

**Zirconia / e.max**

- Zirconia full contour
- Zirconia full build up
- Zirconia cut back (buccally)
- E.max Cad /Cam (Lithium Disilicate)
- E.max Press (Lithium Disilicate)

**Metal PFM**

- Non-precious (Co-Cr)
- Semi-precious (Pd)
- Precious (Au)

**Full Cast**

- Non-precious (Co-Cr)
- Semi-precious (Pd)
- Precious (60% Au)
- Precious (75% Au)

**Other**

- Wax-up
- Composite
- Temporary (acrylic)

**Implant**

**System** .....  
**Platform** .....

- Cement retained
- Screw retained (angled screw channel available)
- Crown
- Bridges

**(Please select material above)**

**Abutment material**

- Chrome Cobalt
- Titanium
- Zirconia with Ti-Base
- .....

**5. Stages**

<b>1.</b>	.....	...../...../.....
<b>2.</b>	.....	...../...../.....
<b>3.</b>	.....	...../...../.....
<b>4.</b>	.....	...../...../.....
<b>5.</b>	.....	...../...../.....

**Delivery**

**MORE INSTRUCTION**

I have disinfected the impression with: \_\_\_\_\_

by: \_\_\_\_\_

Dr. Name .....

Signature.....

**Custom Made Device | Supplied in an unsterilized state | Terms and conditions apply | Visit ivodentech.co.uk**

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