

RX# \_\_\_\_\_

Dentist Name \_\_\_\_\_

Phone # \_\_\_\_\_



Address \_\_\_\_\_

Patient Name \_\_\_\_\_

Email \_\_\_\_\_

Deliver by 5 p.m. on \_\_\_\_\_

888-880-1488

WWW.360SDM.COM

Ship To: 3012 Ivar Ave, Rosemead CA 91770

Enclosed with case:  Impressions  Models  Bite  Analog(s)  Impression Coping(s)  Other: \_\_\_\_\_



Tooth # \_\_\_\_\_ Implant System \_\_\_\_\_  
(i.e. Nobel Replace RP / 4.3)

**SELECT CUSTOM ABUTMENT TYPE**

- Titanium
- Zirconia w/ Titanium Base
- Screw Retained Titanium
- Screw Retained Full Contour Zirconia w/Titanium Base
- Screw Retained Chrome Cobalt

Zirconia Abutment Shade \_\_\_\_\_

**SCREW OPTIONS**

(we will ship you the following screw)

- None  Lab  Final  Both

**CROWNS & COPING**

Full Contour Zirconia Crown: Y / N Shade \_\_\_\_\_

Zirconia Coping: Y / N Shade \_\_\_\_\_

Temporary Crown: Y / N Shade \_\_\_\_\_

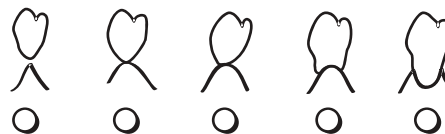
Occlusal Stain: None \_\_\_\_\_ Lite \_\_\_\_\_  
Medium \_\_\_\_\_ Dark \_\_\_\_\_

Occlusion: In \_\_\_\_\_ Lite \_\_\_\_\_ Out \_\_\_\_\_

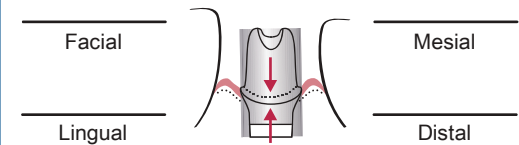
Bridge Framework: Y / N \_\_\_\_\_

**PONTIC DESIGN**

Tooth# \_\_\_\_\_



**ABUTMENT MARGIN DEPTH**

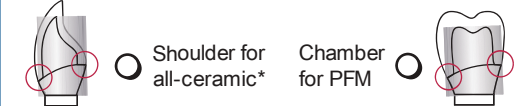


\*If left blank, default values will be used

**DEFAULT VALUES**

Facial - 0.5 mm      Mesial - 0.75 mm  
Lingual - 0.5 mm      Distal - 0.75 mm

**ABUTMENT MARGIN DESIGN**



Shoulder for all-ceramic\*

Chamber for PFM

**ABUTMENT EMERGENCE PROFILE**



Surgical Placement



No Tissue Displacement

See back for instructions.

**TERMS:**

Customer agrees to company policy as stated on next page of Rx.

Signature: \_\_\_\_\_

+H[L+L0U6MÄJL: \_\_\_\_\_ D.D.S. License #: \_\_\_\_\_