

Full Arch Laboratory Slip

DIGITAL SMILE SOLUTIONS Rx

Laboratory Procedure Prescription for Final Product

Information

Doctor Name _____
Last First

License #: _____

Phone _____

Patient Name _____

M F DOB _____

Full Arch Instructions

Please **CIRCLE** Abutment Sites

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Please contact us regarding single arch restoration if planning on restoring opposing arch, prior to final

Digital Monolithic Restorations

- Full Arch Zirconia Hybrid (ti-bases) w/ gingiva
- Full Arch Zirconia Ti-Bar w/ gingiva
- Full Arch Zirconia Direct to MUA
- EnduraArch (Long-term temporary/PMMA/PEEK)

Multi-Unit Implant System

OEM components will be used unless specified

- Nobel & Compatible CIRCLE ONE: Nobel, BioHorizon, 3i, Megagen, Hiossen, Neodent
- Straumann SRA
- Zimmer, Ritter, etc, OTHER:

Due Date _____

Shade

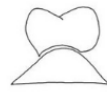
Teeth _____

Gingiva _____

Occlusal Stain

None Light Custom

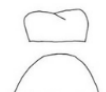
Intaglio Design



Ridge Lap



Ovate



Sanitary

Duplicate Provisional

**PMMA try-in will be duplicated as received for final. Please make adjustments as needed prior to returning*

Rx Specific Instructions

Doctor Signature _____

Date Signed _____

**This is a custom-made medical device that has been manufactured to satisfy the design characteristics and properties specified by the prescriber for the above named patient. This medical device is intended for exclusive use by this patient.*

