



Dr. Name _____ Phone # _____

Patient Name _____

Address/Email _____ **Deliver by 5 p.m. on** _____

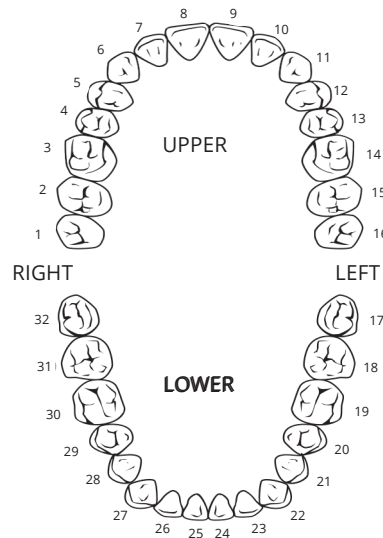
Enclosed with Case: ☐ Impressions ☐ Models ☐ Bite ☐ Bite stick ☐ Photos ☐ Other: _____

HYBRID Rx

Implant Information

Tooth #	Diameter / Platform	Implant System
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____
_____	_____ mm	_____

Wax rim
Implant verification jig (IVJ)
Provisional try-in implant
prosthesis



Signature _____

License # _____ Date _____

Stage of Service Needed:

- | | |
|--|---|
| ☐ Wax Rim | ☐ Reset |
| ☐ Implant Verification Jig (IVJ) | ☐ Wax Setup |
| ☐ Provisional Try-in Implant Prosthesis | ☐ Final Prosthesis |

Digital design

- ☐ Hybrid
☐ Pre-surgery Hybrid
☐ Pre-surgery MUA Guide
☐ Day of Surgery Hybrid

Connection

- ☐ Ti-base to MUA ☐ Final to MUA

SMILE DESIGN

- Smile Selection:** ☐ Natural
☐ Hollywood ☐ Other: _____
☐ Softened ☐ Enhanced

- ☐ Upper ☐ Lower

Tooth Shade

Gingival Shade

- ☐ Standard
☐ Medium
☐ Dark

Hybrid Prosthesis

☐ In-Office service

- ☐ Acrylic Hybrid Package
☐ Zirconia Hybrid Package
☐ Zirconia Thimble Hybrid Package

☐ Complete Hybrid service

☐ Copy mill service

- ☐ Hybrid Provisional
☐ PMMA Hybrid Arch with Ti Bar
☐ Zirconia Hybrid Arch
☐ Zirconia Thimble Hybrid Arch
☐ Zirconia Hybrid with Ti Bar

☐ Digital service

- ☐ Digital Hybrid & MUA Guide Design
☐ Digital Hybrid Design- Day of Surgery
☐ Digital Hybrid Design

LOCATOR FIXED PROSTHESIS

- ☐ Zirconia Esthetic
☐ Zirconia
☐ PMMA
☐ Acrylic

Tooth Setup: ☐ Ideal ☐ Characterized

- ☐ Copy study model ☐ Copy existing denture
☐ Add lip support ☐ Male ☐ Female
Age _____

☐ Comfort H/S Bite Splint

☐ Soft Bite Splint

TISSUE SURFACE DESIGN



- ☐ Convex (standard) ☐ Modified convex
☐ Cover exposed implant ☐ Provide floss space

1800 W Broadway Rd. Suite #3, Tempe AZ 85282

(480) 664-6982

Info@10xdentallab.com

www.10xdentallab.com