Carolina Dental Ceramics

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# All-on-X Case Prescription Form

## DOCTOR INFORMATION

Doctor Name: _____

Practice Name: _____

Phone: _____ Email: _____

Ship Date Requested: _____ ( Allow _____ Business Days )

Rush Request? ☐ Yes ☐ No ( Fees May Apply )

## PATIENT INFORMATION

Patient Name: _____

Arch Treated: ☐ Upper ☐ Lower ☐ Both

Surgery Date: _____

Prosthesis Type: ☐ Immediate ☐ Final

## SURGICAL GUIDE

☐ Doctor-supplied

☐ Lab-designed ( Requires CT scan, DICOM files, and model or IOS scan )

## IMPLANT DETAILS

| Site | Implant Brand | Size | Torque Achieved |

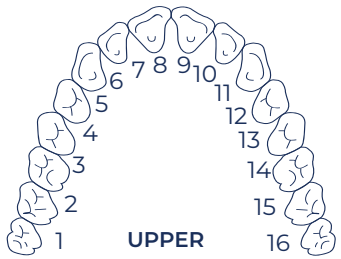
1. _____
2. _____
3. _____
4. _____

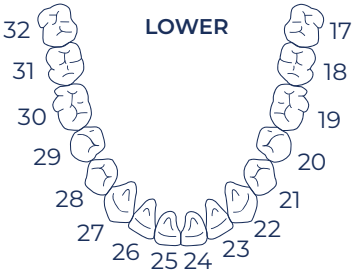
Multi-Unit Abutments Used? ☐ Yes ☐ No

☐ Doctor Provided ☐ Lab to Supply ☐ Straight ☐ Angled ( ° _____ )

**Doctor Signature:** _____ **Date:** _____

## CASE DESIGN




## PROSTHETIC DESIGN

Material ( Final ):

☐ PMMA / Milled Acrylic ☐ Zirconia Hybrid

☐ Titanium Bar

Tooth Library/Style: ☐ Lifelike ☐ Hollywood ☐ Other: _____

Gingiva Characterization: ☐ Yes ☐ No

Try-in Required: ☐ Yes ( ☐ Printed ☐ Milled ) ☐ No

## BITE RECORDS & REFERENCE

Bite Registration Supplied? ☐ Yes ☐ No

Vertical Dimension ( VD ): ☐ Maintained ☐ Increase ☐ Decrease

Protrusive Bite Taken? ☐ Yes ☐ No

Midline / Smile Line Indicated? ☐ Yes ☐ No

## CASE RECORDS PROVIDED

☐ Upper Arch Impression/Scan ☐ Lower Arch Impression/Scan

☐ Opposing Arch ( ☐ Model ☐ Digital ) ☐ Bite Registration

☐ Facial Photo(s) ☐ DICOM Files ☐ Pre-op Denture (if applicable)

☐ Surgical Guide File ☐ Rx Form

## ADDITIONAL NOTES / SPECIAL INSTRUCTIONS

_____

_____

_____

_____

_____