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HYBRID DENTURE RX

Doctor _____

Address _____

City _____ State _____ Zip _____

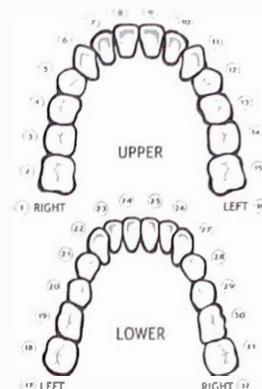
Email _____ Phone _____

Patient _____ Gender _____ Age _____

Enclosed ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ _____

Date sent _____ Date needed _____

FOR LAB USE: Date due _____ Pan # _____



DESIGN

Tooth setup: ☐ Ideal ☐ Characterized

☐ Copy study model ☐ Copy denture

Tissue shade: ☐ G1 (standard)

ETHNIC: ☐ G3 (medium) ☐ G4 (dark)

Distances in MM:

_____ Upper anterior to posterior implants

_____ Upper AP spread X 1.5mm

_____ Lower anterior to posterior implants

_____ Lower AP spread X 1.5mm

PRODUCTS AND WORKING TIMES

Please allow full working time for each product selected.
Times are not guaranteed and do not include weekends
or holidays. Rush service available on most products if
prescheduled by calling us before case is shipped.

☐ Custom impression tray - 2 days

☐ Bite block - 3 days

☐ Implant verification jig - 3 days

☐ Setup try-in - 5 days

☐ Reset - 4 days

☐ Final prosthesis - 12-15 days



Restorations
made in USA
using Crystal
Ultra hybrid
nanoceramics

INSTRUCTIONS

Restore: ☐ Upper ☐ Lower

Tooth shade: _____

Implant system: _____

Implant diameter: _____ mm

Additional instructions:

SIGNATURE _____ DDS# _____

Terms: Customer agrees to the company policy stated on the reverse.

Send more: ☐ RX forms ☐ Boxes ☐ Labels ☐ Brochures ☐ Shade appl