

1. Customer information (ENGLISH CAPITAL LETTER)

Company name	
Patient name	
Delivery address	

① Order Sheet ② Impression (Mandibular, Maxillary) ③ Fixture Lab Analog

④ Check Bite ⑤ Diagnostic Wax-up ⑥ Antagonist Model

Cases from Single to 3 units : ①②③④

Cases from 4 units to full : ①②③④⑤⑥

2. Please check for enclosed items

Case Description:	# of units _____	<input type="checkbox"/> Single	<input type="checkbox"/> Splint
<input type="checkbox"/> Order Sheet	<input type="checkbox"/> Impression (Mandibular)	<input type="checkbox"/> Impression (Maxillary)	
<input type="checkbox"/> Check Bite	※ Please send impression (2 sides) with Tray.		
<input type="checkbox"/> Bite Registration	<input type="checkbox"/> Fixture Lab Analog ()ea	<input type="checkbox"/> Diagnostic Wax-up (multi cases only)	

3. Implant information

Fixture			Abutment															
Tooth No.	Fixture	Fixture diameter	Abutment type (Check)				Final crown (Check)								Abutment Margin position (Check)			
															Sub default dimension : -0.5~-1.0 mm			
(Ex:14)	(Ex : TSIII)	(Ex:Ø4.5)	Type	√	Type	√	Type	√	Type	√	Type	√	Type	√	Type	√	Type	√
1			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	
2			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	
3			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	
4			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	
5			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	
6			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	
7			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	
8			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	
9			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	
10			Hex		N-Hex		PFM		Zirconia		Full Metal		Sub		Equal		Supra	

4. Parallel abutments

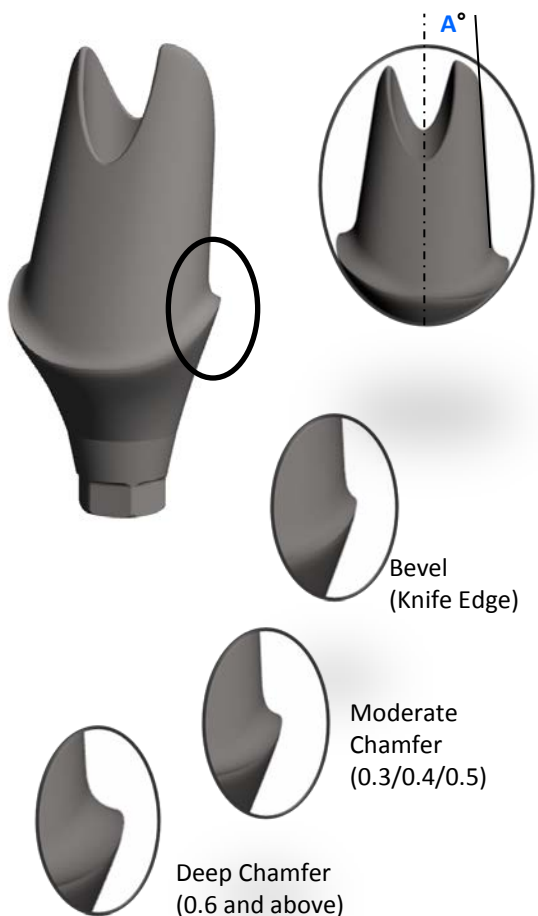
(If final restorations will be splinted, the abutments must be designed to be parallel.)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Abutment Tooth # _____ Pontic Tooth # _____

5. Case Design

※ Please check Design with Adobe Reader prior to milling process asap.



Taper Preference (A°)	
2°	
4°	
6°	
Specify	°
Margin Type	
Bevel	
Moderate Chamfer	
Deep Chamfer	
Specify	mm

6. Abutment Emergence width

	<input type="checkbox"/> ① Follow soft tissue contours (No change on soft tissue model)
	<input type="checkbox"/> ② Slight soft tissue modification (Soft tissue may be slightly blanching)
	<input type="checkbox"/> ③ Ideal emergence profile (Soft tissue re-contouring)

7. Additional Instructions

(ENGLISH CAPITAL LETTER)

8. Ordered by

(ENGLISH CAPITAL LETTER)

Name : _____

E-mail address : _____

Phone number : _____

_____ Date _____ Signature