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All-onX Implant solutions

Nr.:

Client ID:

Practice: .....

Dentist: .....

Patient: ..... ☐ M / ☐ F

Patient ID: ..... D.o.B: .....

Order form

☐ According to quotation nr.: .....
☐ Consulted with: .....
☐ Consultation required: .....
☐ Additional impression/material for order: .....

Send:

☐ Order forms
☐ Bite registration boxes
☐ Delivery boxes
☐ Ziplock plastic bags regular
☐ Ziplock plastic bags small

1 Solution type

☐ All-On-X Fixed ☐ All-On-X Removable Bar retained

2 Scan & photo checklist

Step 1: ☐ Upper teeth scan
☐ Lower teeth scan
☐ Bite scan

Step 2: ☐ Tissue scan of arch to be restored (healing caps) with Lo Russo retractors, scan bodies added one-by-one

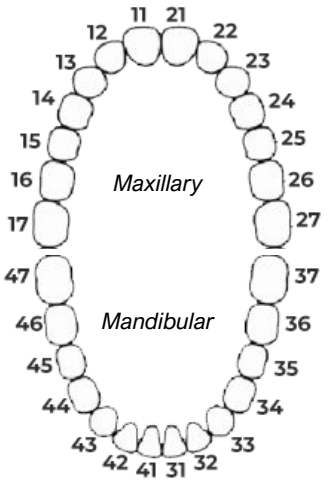
Step 3: ☐ 360° scan of provisional or denture

Photos

☐ Frontal idle
☐ Frontal smile
☐ Frontal large smile + eyes

☐ **RAYFace scan**

3 Implant information



Upper jaw

Implant Position	Implant System

Lower jaw

Implant Position	Implant System

4 All-On-X Overlay design instructions

A. Overlay Material
☐ Acrylic
☐ Zirconia
☐ Zirconia veneered 5 - 5

B. Pink gingival colour
☐ None
☐ Light
☐ Standard
☐ Dark

C. Distal extensions

Patient left	Patient right
☐ Follow scan	☐ Follow scan
☐ To second premolar	☐ To second premolar
☐ To first molar	☐ To first molar
☐ To second molar	☐ To second molar

D. Tooth shape:
☐ Copy denture teeth/provisional
☐ New natural shapes:
☐ Ovoid
☐ Tapering
☐ Square
☐ RAYFace scan

E. Curve: ☐ Ideal ☐ Follow antagonist

5 Shade

Circle preference: A1 / A2 / A3 / A3,5 / A4 / B1 / B2 / B3 / B4 / C1 / C2 / C3 / C4 / D2 / D3 / D4 / BL1 / BL2 / BL3 / Other: .....

6 Special Requirements

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.....

Date required Try In:

Date required All-On-X bridge:

The last copy is for your own administration