

## Basic Information

✓ Clinic Name : \_\_\_\_\_

✓ Delivery Address

✓ Patient Name : \_\_\_\_\_

Street \_\_\_\_\_

✓ Email : \_\_\_\_\_

City \_\_\_\_\_

For surgical report approval

State \_\_\_\_\_

✓ Phone : \_\_\_\_\_

For the implant planning communication

Zip Code \_\_\_\_\_

## Required Data

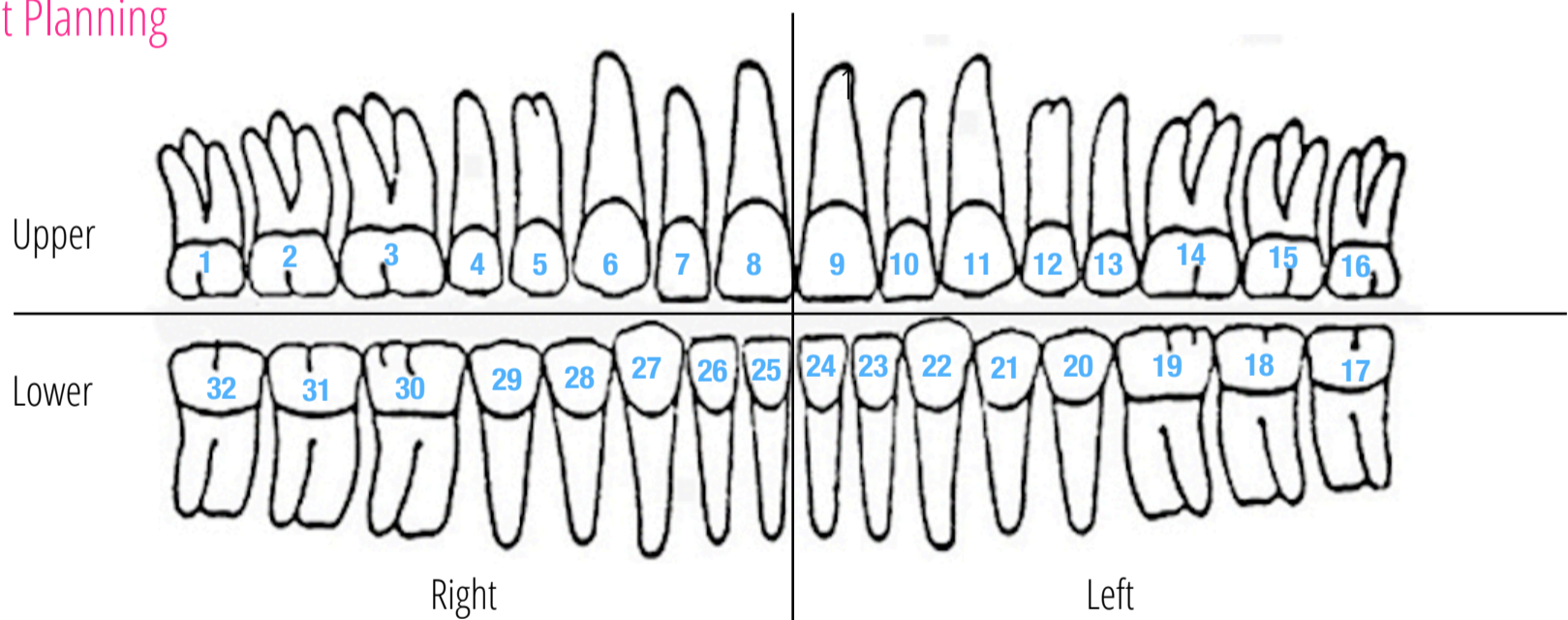
✓ CT DICOM file

✓ Model / IntraOral scan STL file

✓ Please send the impression, or a master cast to the lab for the prior adaptation

\*\*\* Full arch impression required for the better accuracy / The impression should contain the information of 2-3mm below the cervical line\*\*\*

## Implant Planning



## Restoration Type

1. Abutment Selection

Stock Titanium

Customized Zirconia(CAD/CAM)

2. Crown Selection

Full Zirconia

Porcelain layered Zirconia

3. Crown Retention Type

Screw retained

Cement retained

## Other additional requests