



HiCeram Dental Lab
Implant Rx Form

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Doctor's Name _____
Phone _____ Address _____

Patient's Name _____
Approx. Age _____ Male _____ Female _____

Date Prepared _____ Date Due _____

Please Do Not Schedule Patients On Due Date

RESTORATION

- Cemented
- Screw Retained
- Provisional Restoration
- Zirconia Monolithic
- Porcelain fused with Zirconia
- E.Max

Shade _____

Study Model Enclosed
Yes _____ No _____

CUSTOM ABUTMENTS

- Titanium
- Zirconia
- Zirconia Hybrid
- UCLA Gold

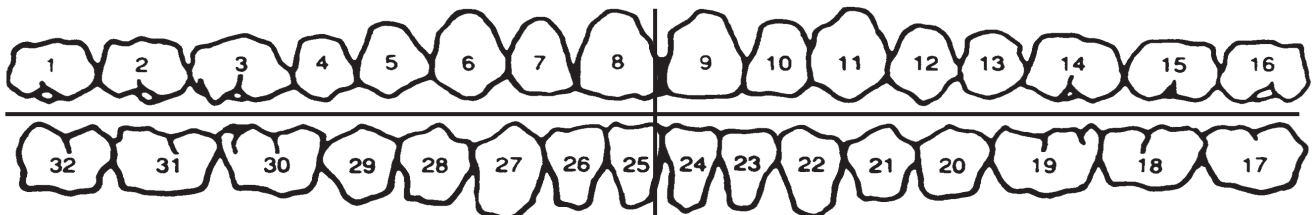
IMPLANT SYSTEM

- Astra Tech
- Biohorizons
- Biomet 3iCertain
- Implant Direct
- Keystone PrimaConnez
- Lifecore Prima & Renova
- MIS
- Nobel Biocare Active
- Nobel Biocare Replace Select
- Nobel Biocare External Hex
- Strumann Bone Level
- Straumann SynaOcta
- Zimmer Screw Vent

TOOTH #	INSTRUCTIONS	PLATFORM DIAMETER

Please Call me, *Thanks.*

Signature _____ License No. _____



MODEL _____ TRIM _____ WAX _____ METAL _____ OPAQUE _____ PORC. _____ POLISH _____