



www.carusodental.com

Caruso Dental Laboratory, Inc.

32232 Schoolcraft Livonia, MI 48150 (734) 425-8700

Implant Prescription

Photos have been emailed to: carusoimages@hotmail.com

Today's Date: _____

Return by 5:00 pm on: _____

Dr: _____
Street: _____
City: _____
State: _____ Zip: _____
Phone: () _____

Patient Name

First _____
Last _____

- Nobel Biocare
- Thommen
- Zimmer
- Astra Tech
- Other: _____
- Straumann
- BioHorizon
- 3i Biomet

| | | |
|---|--|--|
| <p>Metal Free</p> <p>All-Ceramic</p> <p><input type="checkbox"/> e.Max</p> <p><input type="checkbox"/> Layered Zirconia</p> <p><input type="checkbox"/> Full Zirconia</p> | <p>Porcelain to Metal</p> <p><input type="checkbox"/> High Noble (white)</p> <p><input type="checkbox"/> High Noble (yellow)</p> <p><input type="checkbox"/> Noble/Semi-precious (white)</p> <p><input type="checkbox"/> Non-Precious (white)</p> | <p>Abutment Type</p> <p><input type="checkbox"/> Titanium</p> <p style="margin-left: 20px;">Parent Co. Only _____</p> <p style="margin-left: 20px;">Aftermarket _____</p> <p><input type="checkbox"/> Hybrid</p> <p style="margin-left: 20px;"><input type="checkbox"/> Zirconia</p> <p style="margin-left: 20px;"><input type="checkbox"/> e.Max</p> |
|---|--|--|

MARGIN POSITION OPTIONS

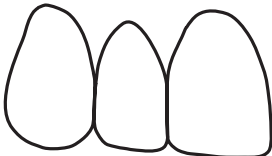
1. At Gingival Crest
No crown impingement at all against tissue.
2. One Millimeter Buccal (default)
Abutment margin placed 1mm below tissue on buccal. 0.5mm on mesial/distal and at gingival crest on lingual.
3. Optimized Emergence
Abutment margin placed as close to interface as possible. Possible extreme tissue impingement. Surgical relief may be required to seat crown.

EMERGENCE WIDTH OPTIONS

1. Contour Soft Tissue
Medium diameter anatomically shaped abutment up to 1.0 mm larger than the sulcus of model of soft tissue provided.
2. Tissue Support
Anatomically shaped abutment will be up to 1.2 mm larger than sulcus of silicone model of soft tissue provided with desired emergence profile. "Easy" insertion.
3. No Tissue Displacement
Abutment with no soft tissue support. The abutment will not touch the soft tissue or stone model of the soft tissue provided.

Shade _____ or
 see shade map below

Tooth #'s _____



Dentist's Signature _____ License No. _____

Terms: Net with a service charge of 1.5% per month on charges over 30 days after statement date.