IMPLANT PRESCRIPTION

Artistic
DENTAL LABORATORIES, INC.
470 Woodcreek Drive, Bolingbrook, Illinois 60440
30 North Michigan Avenue, Suite 1817, Chicago, Illinois 60602
(T) 630.679.8686 (F) 630.679.8680
www.artisticdl.com
Artistic Dental Lab @artisticdl ArtisticDentalLab

OREC DIS PREP WX FIN	Pour_____ Trim_____ Art_____ Dupe_____	☐ B ☐ DENT ☐ I ☐ SM ☐ O ☐ BF ☐ M ☐ ART ☐ BP ☐ _____
Pan #	Rec. Date	Invoice #

Case #	Articulator #	Note for Doctor

Due by 5:00 p.m. | Ship to Referral Yes / No | Bill to Referral Yes / No

Doctor _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Fax** _____
Patient Name _____

Referral Doctor _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Fax** _____

Implant Information			Restoration Type Abutment Choice			Crown Material						Shade
Tooth #	Implant Type	Platform Diameter	Screw Retained with Ti Base	Cement Retained Ti Abut	Cement Retained Zr Abut	Lithium Disilicate	Zirconia EZ	Zirconia BruxZir	PFM	Zirconia Layered	Acrylic	Tooth Shade

Circle Emergence Profile Preferred

Circle Margin Placement Preferred

A. Follow Model No tissue expansion
B. Expand less than 1mm
C. Expand greater than 1mm (ideal root form) may require surgical placement
1. 360° at Tissue Height
2. 180° Facial 1.5mm Below Tissue Height Lingual at Tissue Height
3. 360° 1.5mm Below Tissue Height

☐ **Name Brand Implant Company Part Only (please specify)** _____
(Name Brand Implant Parts will add $50-$100 per restoration)

☐ **Please make this my Default Preference for future cases.**

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Net amount of invoice is due within 30 days of receipt of order. All balances beyond 30 days are subject to 2% late fee. I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection.

PROUDLY MANUFACTURED IN BOLINGBROOK, IL
PROUDLY ACCREDITED BY THE DAWSON ACADEMY
DAMAS FOR NORTH AMERICA
CERTIFIED DENTAL LABORATORY

DOCTOR'S SIGNATURE _____ LIC. NO. _____

COMMUNICATIONS LOG

TECH	DATE	CONTACT	LOG