

### CASE INFORMATION

Doctor/Practice Name:  Date:   
 Lead Assistant's Name:  Phone #:   
 License #:  Signature:

### PATIENT INFORMATION

Patient Name:   
 Age:

### 1- RESTORATION TYPE

**Standard Bundle**  
 Abutment Type: Vulcan Custom Titanium  
 Material: Monolithic Zirconia Crown

**Esthetic Bundle**  
 Abutment Type: Vulcan Custom Gold Hue  
 Material: PFZ Crown

Retention Type:  Screw-retained  Cement-Retained

### 2- IMPLANT DETAILS (SELECT BIOHORIZONS IMPLANT SYSTEM)

**Internal Hex**  3.0mm  3.5mm  4.5mm  5.7mm  
 Tooth #:

**Tapered Pro Conical**  Narrow  Regular  
 Tooth #:

**Camlog**  3.3mm  3.8mm  4.3mm  5.0mm  6.0mm  
 Tooth #:

**Conelog**  3.3mm  3.8mm  4.3mm  5.0mm  
 Tooth #:

### 3- ABUTMENT DESIGN INSTRUCTIONS

#### ABUTMENT MARGIN DEPTH

(1.5 mm) Facial (0.5 mm) Mesial  
 (Tissue level) Lingual (0.5 mm) Distal

*If left blank, default values will be used*

#### ABUTMENT EMERGENCE PROFILE

Surgical placement  Tissue displacement  No tissue displacement

#### PHYSICAL IMPRESSIONS

Impression Coping (Open Tray / Closed Tray)  PVS or Stone impression or Model  
 PVS Implant Level impression  Blue Bite registration

### DIGITAL FILES

BioHorizons Scan Body SKU:  \*Required for Bundle Pricing  
 3Shape TRIOS iTero - ID#: 460283

### 4- SHADE INFORMATION

TOOTH #: \_\_\_\_\_ FINAL SHADE: \_\_\_\_\_  
 Occlusal Staining:  Light  Medium  Dark  None

### 5- OCCLUSION & CONTACTS

#### CONTOUR AND OCCLUSION DESIGN

**Embrasures:**  Closed  Tight  
**Occlusion:**  Light  Ideal  Open \_\_\_\_\_mm  Out  
**Contacts:**  Light  Medium  Broad & Tight  Tall

#### PONTIC DESIGN

### 6- IF NO OCCLUSAL CLEARANCE

Call doctor  Spot Opposing  
 Make permanent note in master file  OK to adjust up to 1mm

### 7- RX INSTRUCTIONS