

<input type="checkbox"/> Male	Patient	Treatment plan	<input type="checkbox"/> See back
<input type="checkbox"/> Female	_____	_____	<input type="checkbox"/> Photos
ID	_____		<input type="checkbox"/> New
Professional	_____	<b>IMPORTANT:</b>	<input type="checkbox"/> Touch-up
Center no.	_____	Call	<b>DATE REQUIRED</b>
		See	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/>
			<b>S</b> <b>M</b> <b>T</b> <b>W</b> <b>T</b> <b>F</b> <b>S</b>

## SUPRASTRUCTURE DESIGN

### Type of bar

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Dolder        | <input type="checkbox"/> Wrap around |
| <input type="checkbox"/> Milled Dolder | <input type="checkbox"/> Montreal    |
| <input type="checkbox"/> Hader         |                                      |

### Steps

- |                                       |
|---------------------------------------|
| <input type="checkbox"/> Trial        |
| <input type="checkbox"/> Mill the bar |

### Passive fit test

- |   |
|---|
| <input type="checkbox"/> Passive fit guide                  |
| <input type="checkbox"/> Passive fit guide with pick-up CIT |

### Attachments

- |  |   |
|--|---|
| <input type="checkbox"/> Ball, qty. _____    | <input type="checkbox"/> Ceka, qty. _____ |
| <input type="checkbox"/> Locator, qty. _____ | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Equator, qty. _____ |   |

## INFORMATION ON THE FILE

### Extensions (mm)

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> 8  | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 9  | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 15 |

### Distance to tissue (mm)

- |                            |                            |
|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 5 |





### Type of implant

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> ACE         | <input type="checkbox"/> Innova                    |
| <input type="checkbox"/> Astra       | <input type="checkbox"/> MIS                       |
| <input type="checkbox"/> Biohorizons | <input type="checkbox"/> Noble Biocare (Branemark) |
| <input type="checkbox"/> Biomet 3i   | <input type="checkbox"/> Straumann                 |
| <input type="checkbox"/> Imtec       | <input type="checkbox"/> Zimmer                    |
|                                      | <input type="checkbox"/> Other _____               |

### Type of attachment

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Ball _____ mm | <input type="checkbox"/> Other _____ |
|--|--------------------------------------|

### Type of abutment

- |                                    |                                      |  |   |
|------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> ACE       | <input type="checkbox"/> MIS         | <b>Nobel Biocare</b>                         |   |
| <input type="checkbox"/> Astra     | <input type="checkbox"/> Paragon     | <input type="checkbox"/> Standard Abutment   |  |
| <input type="checkbox"/> Biomet 3i | <input type="checkbox"/> Steri-Oss   | <input type="checkbox"/> Multi unit Abutment |  |
| <input type="checkbox"/> Intec     | <input type="checkbox"/> Straumann   | <b>Biohorizons</b>                           |   |
| <input type="checkbox"/> Innova    | <input type="checkbox"/> Zimmer      | <input type="checkbox"/> Abutment for screw  |  |
|                                    | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Multi Unit Abutment |  |

### Platform diameter (mm)

- |            |            |            |            |
|------------|------------|------------|------------|
| A _____ mm | B _____ mm | C _____ mm | D _____ mm |
| E _____ mm | F _____ mm | G _____ mm | H _____ mm |

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

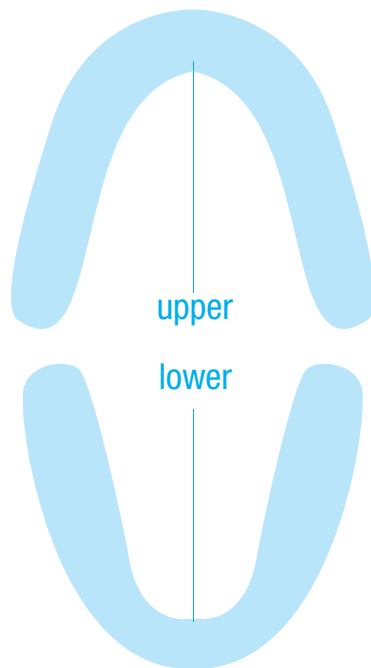
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MAXILLA AND MANDIBLE

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Implants | <input type="checkbox"/> Attachements |
|-----------------------------------|---------------------------------------|



## CHECKLIST

- |  |
|--|
| <input type="checkbox"/> Impression            |
| <input type="checkbox"/> Passive bar           |
| <input type="checkbox"/> Screws (amount) _____ |
| <input type="checkbox"/> Ortho. mock-up        |
| <input type="checkbox"/> Antagonist            |
| <input type="checkbox"/> Bite                  |