



**MOLINA/WATSON**  
DENTAL TECHNOLOGIES INC.

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Albuquerque, NM 87113

Doctor: \_\_\_\_\_ Patient: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Shade: \_\_\_\_\_ Slump Shade: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Actual Appointment: \_\_\_\_\_

**Implant Restoration Type:** { } Screw Retained { } Cementable  
{ } Overdenture Bar { } Fixed (Hybrid) { } Locator  
**{ } Call Doctor upon receipt to discuss case.**

Tooth #	Implant Type	Platform Diameter
1.		mm
2.		mm
3.		mm
4.		mm
5.		mm
6.		mm

**Abutment Preference:**

- { } Stock
- { } Patient Specific Custom CAD
  - { } Titanium
  - { } Titanium w/Gold Coating
  - { } Zirconia
- { } Laboratory Custom Cast
  - { } White Gold
  - { } Yellow Gold
- { } Lab Preferences
- { } Call Doctor to Discuss Options

**Emergence Profile:**

- { } Tissue Profile
- { } Blanching
- { } Ideal—  
May require a releasing incision or gingioplasty—Lab will provide detailed notes
- { } Lab Preference
- { } Call Doctor to Discuss Options

**Marginal Depth:**

- { } Doctor Preference  
B \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_
- { } Lab Preference:

**Margin Design:**

- { } Shoulder
- { } Chamfer
- { } Lab Preference

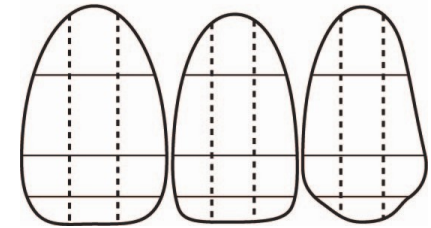
**Bone Depth:**

M D \*To provide accurate biological width for optimal soft tissue management.

# Implants

## Notes:

**SPECIAL SHADING & STAINING**



**Enclosed:**

- { } Pre Op Model
- { } Soft Tissue Model
- { } Custom Guide Table
- { } Custom Shade/Photos
- { } Approved Provisional
- { } Implant Parts/Attachments
- { } Working Model/Impressions
- { } Opposing Model/Impressions

**Needed:**

- { } Mailing Boxes
- { } Prescriptions

**Requested:**

- { } Soft Tissue Model
- { } Custom Guide Table
- { } Diagnostic Wax-up

Dr. \_\_\_\_\_

License # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

