

BKdenTs.

L V B

Office Name: _____ E-mail: _____ Due Date: _____

Dr. Name: _____ Phone: _____ Acct.: _____ Case: _____

Address: _____ Patient Name: _____

Enclosed with case: ☐ Impressions ☐ Models ☐ Bite ☐ Photos ☐ Other: _____

PRODUCT

Selection 1: Abutment

- ☐ Custom Titanium
☐ Custom Zirconia Hybrid
☐ Screw-retained Crown on Ti-base

OPTION (AB)

- ☐ Gold Hue
☐ Angled Screw Channel (Up to 30°)

Selection 2: Crown

- ☐ FULL ZIRCONIA ML/MS ESTHETIC CROWN
☐ ML FULL ZIRCONIA CROWN
☐ IPS E.MAX CAD/CAM
☐ PMMA TEMPORARY

OPTION (CR)

- ☐ Screw Access Hole
☐ Pink Prcelain

Selection 3: Implant Type

- ☐ Screw-retained
☐ Cement-retained

3D PRINT

- ☐ Diagnostic Wax-up
☐ Implant Positioning Guide
☐ Surgical Guide
☐ Verification Jig



Incisal Shade _____ Stump Shade _____

Body Shade _____

Gingival Shade _____

Rx

ALL-on-X

- ☐ Zirconia Prosthetic Full Arch
☐ PMMA Temp Prosthetic Full Arch
☐ Titanium Bar Zirconia Prosthetic
☐ Titanium Bar

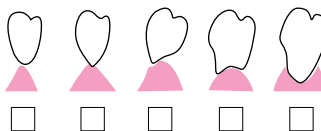
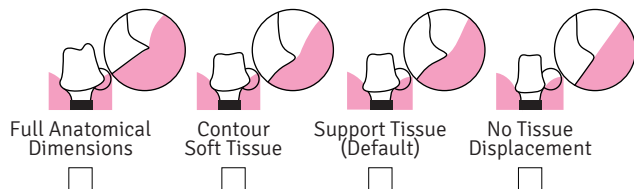
Custom Abutment Margins Setting

Buccal / Facial
 Distal
 Mesial
 Lingual

Contour and Occlusion Design

Embrasures ☐ Closed* ☐ Open
 Occlusion ☐ Light* ☐ Ideal ☐ Open____mm
 Contacts ☐ Broad & Tight* ☐ Pinpoint ☐ Light

Emergence with Option (Select One)



Special Instructions

Screenshot for design approval needed? ☐ Yes ☐ No

Date: _____ License: _____ Signature _____



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