



5420 Kietzke Ln, Ste 205  
Reno, NV 89511

www.n-sequence.com

Office: (775) 827-6645

Fax: (775) 827-6650



# Implant RX

**RX Date:**  
\_\_\_\_\_

**Due Date: (required)**  By Noon  
See back for lab times  By 5pm

Incomplete Lab slip will delay your case

## Special Instructions

Call Doctor\*  
\*Allow 2 more days

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescribing Practitioners Signature (Bill to Doctor) \_\_\_\_\_ Lic # \_\_\_\_\_ Phone # \_\_\_\_\_

Patient LAST NAME, \_\_\_\_\_ FIRST NAME \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Surgical Specialist Name \_\_\_\_\_

**Payment Method:**  Visa  MasterCard  Amer. Express  \*Invoice  
\*New Clients will be billed by credit card unless credit application has been completed  
Card # \_\_\_\_\_ Exp: \_\_\_\_\_

**Include with Case**

Full Arch Impression  
 Full Arch Opposing  
 Bite Registration  
 Shade/Photos  
 X-Ray/Pano  
 Implant Parts If needed  
 Treatment Plan

**Case Directions**

Diagnostic Wax-Up (for patient presentation only)  
#’s: \_\_\_\_\_

Abutment Verification Jig  
 Abutment Seating Jig  
 Pre-Index Guide

Surgical Implant Guide – Model Based  
 2.2 Drill Sleeve  2.8 Drill Sleeve  
 Clear Drill Sleeve  No Sleeve/Hole

**Temp Restoration – Shade:** \_\_\_\_\_

Single unit #’s: \_\_\_\_\_

Bridge unit #’s: \_\_\_\_\_

**Final Restoration – Shade:** \_\_\_\_\_

PFM-White Gold  PFM-Yellow Gold  Zirconia

Single unit #’s: \_\_\_\_\_

Bridge unit #’s: \_\_\_\_\_

**Ship To:**  
(if other than the Prescribing Practitioner’s Name)

Practice \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Send Images to: \_\_\_\_\_ E-mail Address \_\_\_\_\_ Hold Case for Doctor Approval. (Case held until response to e-mailed images are received). Please allow more time.

Tooth #	Implant type	Platform Diameter	Stock Abutment	Atlantis Titanium Abutment	Atlantis Zirconia Abutment	Atlantis GoldHue Abutment	Encode Titanium Abutment (3i only)	Encode Gold Color Abutment (3i only)	Encode Duplicate Abutment (3i only)	Margin Depths in mm (default shown in example)				Margin Design		Parallel Abutment (Default) Check only if NO
										B/F	D	M	L	Shoulder (Default)	Chamfer	
1.		mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		mm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ex: 8.	Zimmer	3.5 mm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.0	1.0	1.0	1.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Abutment Seating Jig always provided unless checked NO

**Key Questions:**

Follow soft tissue model (default)  
 NO Blanching (smallest circumference abutment design)  
 Blanching OK (medium circumference abutment design)  
 Surgical Placement (largest circumference abutment design)

Dentist Signature \_\_\_\_\_ Lic # \_\_\_\_\_