Dentist _____   Practice Name _____

Practice Address _____   Suburb _____ Postcode _____

Tel _____   Email _____

Patient ID _____   Date _____

BATCH # (Office only)

Patient ID - If patient name is listed here, please ensure you have written patient consent.

☐ New Case   ☐ Continuation/Remake   Account Number ☐☐☐☐☐   Work Required by ☐ Day ☐ Month

PROSTHESIS TYPE

○ Crown   ○ Removable overdenture
○ Bridge   ○ Locator
○ Hybrid   ○ Bar & clip

SHADE
(please email images)

Anterior   Posterior

COMPONENT SUPPLIER

○ Lab (default)   ○ Dentist

IMPLANT

System: _____

For turnaround times please refer to price list.

Teeth	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Platform Diameter																
Teeth	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Platform Diameter																

COMPONENT TYPES

○ **Genuine Parts**   ○ **Generic Parts**

SINGLE TOOTH IMPLANT BUNDLE (Incl. of soft tissue model, analogue, screw, abutment and crown)

Please tick all relevant fields below ✓

STEP 1 ○ SCD Implant Bundle
GENERIC COMPONENTS
(Incl. custom-milled abutment, New Zealand made not available)

STEP 2 ○ **Screw-Retained** OR ○ **Cement-Retained** With {
○ **Zirconia on Ti-Abutment**
OR
○ **Ti-Abutment**
}

STEP 3 ○ **PFM** (non-precious alloy incl., other alloys not available)   ○ **FMZ** (Monolithic Zirconia)   ○ **PFZ** (Porcelain-Fused to Zirconia)
○ **IPS E.MAX®**   ○ **VITA Enamic®**   ○ **UTZir**
○ **Lab to assess and advise.**

SCREW-RETAINED

○ SCD Range

Restoration Type

PFM
○ Non-Precious
○ Semi-Precious^+
○ High-Precious+
○ Ti
○ Genuine Cast
○ Custom -Milled Ti*

(*default)

^ SCD Range only
+ Genuine Components only

Alternative screw variations
(You will be advised if any limitations apply)

○ Cross screw   ○ Angled Screw Channel

All-ceramic
○ FMZir - Fully Monolithic Zirconia
○ UZir - Ultra Translucent Zirconia
○ PFZ - Porcelain-Fused-to-Zirconia
○ IPS e.max®
○ Other _____

CEMENT-RETAINED

○ SCD Range

Restoration Type

PFM
○ Non-Precious
○ Semi-Precious^
○ High-Precious

^ SCD Range only

All ceramic
○ FMZir - Full Monolithic Zirconia
○ PFZ - Porcelain-Fused-to-Zirconia
○ IPS e.max®
○ Composite
○ Other _____

Abutment type (choose either custom or genuine components)

Custom-milled
○ Ti
○ Zir on Ti Base

Genuine
○ Cast (specify alloy)
PFM default. Same alloy as PFM unless specified otherwise.

Preformed:
○ Ti
○ Zir

IMPLANT GUIDES

○ Surgical
○ Model-based
○ Cone-beam-based
○ Cone-beam-based including planning service
○ Radiographic

FAST TRACK

Insufficient occlusal clearance
○ Adjust opposing and mark on the model

Screw retained - Buccal screw channel
○ Change to cement-retained crown

MATERIAL ENCLOSED

Please tick ✓

	DR	SCD
Analog #	○	○
Abutment/Gold Adapt/Parts #	○	○
Screws #	○	○
Upper Impression	○	○
Lower Impression	○	○
Upper Model	○	○
Lower Model	○	○
Bite Registration (over prepared abutment)	○	○
Previous C & B to return	○	○
Previous Study Models to return	○	○
Articulator	○	○
Denture	○	○
Crown/Bridge	○	○
Shade Tab	○	○
Voucher Attached #	○	○
Images to be emailed	○	

All items sent to SCD must be decontaminated according to Dental Council of New Zealand for infection control.

ADDITIONAL INSTRUCTIONS

PROMO CODE

EMBRASURE
○ Open   ○ Closed*

*Default

OCCLUSAL CONTACT
○ Heavy   ○ Light*   ○ Open

PROXIMAL CONTACT
○ Normal   ○ Extended*

PONTIC CONTACT
*○ ○ ○ ○