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WORK ORDER FORM

PH:(866) 733-3152

Full Arch Zirconia Implant Prosthesis

Dr. Na	ime	Address	
Email		Phone No	
Patien	t Name	Male / Female Age	
	First	Last	
Implar	nt System	Multi-Unit Abutments Yes / No Upper / Lower	
Check	list: □ Impression(s) wit	h transfer copings and Implant Analogs Counter Model	
Comm	onte		
COIIIII	ients.		
Comm	ients.		
Comm	ienis.		
Comm	iens.		
Comm	iens.		
	Confidence of the state of the	cation Jig. Bite Block, Custom Tray (if needed). Shade Selection	
Sec	ond Visit: Verific	cation Jig, Bite Block, Custom Tray (if needed), Shade Selection	
Sec	ond Visit: Verific	cation Jig, Bite Block, Custom Tray (if needed), Shade Selection uestions before proceeding to the third visit:	
Sec Answe	ond Visit: Verific er <u>Yes</u> to the following qu	uestions before proceeding to the third visit:	
Sec Answe	ond Visit: Verifice er <u>Yes</u> to the following quality of the serification Jig passi		
Sec Answe	ond Visit: Verific er <u>Yes</u> to the following qu Is Verification Jig passi Has CR and VDO been	uestions before proceeding to the third visit:	
Sec Answe	ond Visit: Verifice Yes to the following question Jig passion Has CR and VDO been Has Vita Shade been to	uestions before proceeding to the third visit: ive? Yes / No (If no see protocol) taken and verified? Yes / No	
Sec Answer 1) 2) 3) 4)	ond Visit: Verific er <u>Yes</u> to the following qu Is Verification Jig passi Has CR and VDO been Has Vita Shade been to Has gingiva shade bee	uestions before proceeding to the third visit: ive? Yes / No (If no see protocol) taken and verified? Yes / No aken for tooth color? Yes / No	
Sec Answe 1) 2) 3) 4)	ond Visit: Verificer Yes to the following question of the second of the	uestions before proceeding to the third visit: ive? Yes / No (If no see protocol) taken and verified? Yes / No aken for tooth color? Yes / No n taken using the Pala Guide? Yes / No	

Thir	d Visit: Wax Denture Try-In
Wax Tı	ry-In Checklist (verify all conditions have been met before proceeding):
П	VDO is correct
	CR is correct
	Patient likes tooth color
	Patient likes tooth shape
	Patient agrees with tooth arrangement
	Esthetics and Phonetics are acceptable
Comm	ents:
12	
<u>Fou</u>	rth Visit: PMMA Provisional Prosthesis
	Try-In Checklist (verify all conditions have been met before proceeding. Allow patient to wear the PMMA onal Prosthesis for at least two weeks. If any changes need to be made please refer to the protocol guide).
П	VDO is correct
	CR is correct
	Patient likes tooth color
	Patient likes tooth shape
	Patient agrees with tooth arrangement
	Esthetics and Phonetics are acceptable
	Prosthesis is passive
Comm	ents:
Fift!	n Visit: Insert Zirconia Full Arch Implant Prosthesis
11111	Insert zirconia Full Arch Impiant Prostnesis
Verify	all the same objectives from the previous visits:
	VDO is correct
	CR is correct
	Patient likes tooth color
	Patient likes tooth shape
	Patient agrees with tooth arrangement
	Esthetics and Phonetics are acceptable
П	Prosthesis is passive