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WORK ORDER FORM

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Full Arch Zirconia Implant Prosthesis

FIRST VISIT: Dr. & Patient info, Preliminary / Final Impression(s)

Dr. Name _____ Address _____

Email _____ Phone No. _____

Patient Name _____ Male / Female Age _____
First Last

Implant System _____ Multi-Unit Abutments Yes / No Upper / Lower

Checklist: Impression(s) with transfer copings and Implant Analogs Counter Model

Comments:

Second Visit: Verification Jig, Bite Block, Custom Tray (if needed), Shade Selection

Answer Yes to the following questions before proceeding to the third visit:

- 1) Is Verification Jig passive? Yes / No (If no see protocol)
- 2) Has CR and VDO been taken and verified? Yes / No
- 3) Has Vita Shade been taken for tooth color? Yes / No
- 4) Has gingiva shade been taken using the Pala Guide? Yes / No

Vita Tooth Shade _____ Gingiva Shade Color _____

Comments:

Third Visit: Wax Denture Try-In

Wax Try-In Checklist (verify all conditions have been met before proceeding):

- VDO is correct
- CR is correct
- Patient likes tooth color
- Patient likes tooth shape
- Patient agrees with tooth arrangement
- Esthetics and Phonetics are acceptable

Comments:

Fourth Visit: PMMA Provisional Prosthesis

PMMA Try-In Checklist (verify all conditions have been met before proceeding. Allow patient to wear the PMMA Provisional Prosthesis for at least two weeks. If any changes need to be made please refer to the protocol guide).

- 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

Comments:

Fifth Visit: Insert Zirconia Full Arch Implant Prosthesis

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
- Prosthesis is passive

