



LABORATORIES, L. L. C.  
Fabricated Implant Restoration & Surgical Techniques



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Visit F.I.R.S.T. on the web at - www.mdifirst.com

Please fill out this form completely and include all required records  
Incomplete forms will delay restoration delivery.  
Please use routine crown and bridge record taking techniques.

Doctor's Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date Sent \_\_\_\_\_ Date Due \_\_\_\_\_

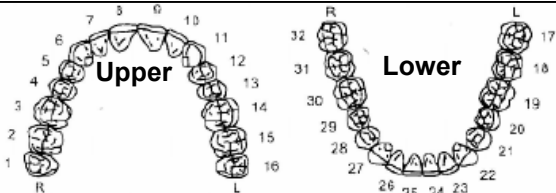
ALLOW 10 DAYS IN LAB (plus 2 days shipping each way)

Patient's Name \_\_\_\_\_

Age \_\_\_\_\_  Male  Female

Required Records

- ◆ Polyvinyl or Rubber Base Impression
- ◆ Bite Registration
- ◆ X-Ray



IMPLANT TYPE:

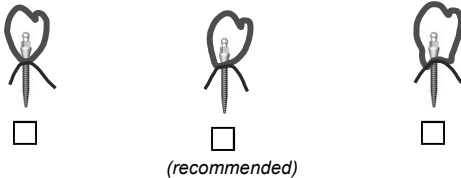
- O-ball Classic
- O-ball Collared
- Square Head Classic
- Square Head Collared

RESTORATION:

- Porcelain Fused to Metal\*
- Empress® All Porcelain
- Porcelain fused to zirconia (LAVA, INVISION, EMAX)
- FIRSTEMPS™

PFM restorations are cast with Talladium™ TILITE™ (high noble alloys are available upon request for an additional cost)

RIDGE LAP:



(recommended)

The only Mini Dental Implant FDA 510K approved for long term crown & bridge use!



SPECIAL INSTRUCTIONS:

# of implants requested (Maxillary) \_\_\_\_\_

# of implants requested (Mandibular) \_\_\_\_\_

I would like to use:

- 1.8  2.1  2.4  Give your recommendation

COMMENTS:

Blank area for patient or doctor comments.

Doctor's Signature\* \_\_\_\_\_ License # \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing, I accept terms on reverse.

Please Send:  Lab Slips  Prepaid Mailing Labels  Information about other services  Please Call Doctor

## **RESPONSIBILITY OF TREATING DOCTOR**

- The treating doctor is responsible for management of any oral health conditions before, during and after use of any implant restorative procedure, including but not limited to caries, periodontal disease, TMD, restorative needs, etc.
- Any recommendations given to the doctor by F.I.R.S.T. ® Laboratory, LLC, its agents or employees should **not** be construed as treatment planning, and the treating dentist remains solely responsible for all treatment planning and procedures he/she may perform on his/her patients.
- By submitting your case to us, you admit that you have had special training on placing the mini dental implant and that you are fully aware of the appropriate surgical and prosthetic protocol involved with these procedures.
- F.I.R.S.T.® Laboratory, LLC reserves the right to refuse any case for any reason including, but not limited to insufficient bone quality or quantity as may be determined from the radiographs or improper impressions provided by the treating dentist.
- Treating doctor understands single unit MDI placement requires splinting or use in conjunction with an ongoing treatment plan.