

preat.com | 1.800.232.7732 | prism@preat.com

Order # _____

Lab Name _____
 Address _____

 Phone # _____
 Email _____
 Contact Name _____

Call for Consultation

Arch

Maxillary _____ Mandibular _____

Type

Hybrid _____ Attachment Bar _____
 Ceramic Bridge _____ Bridge w/Preparations _____

Alloy Type

Titanium _____ Cobalt-Chrome _____

Implant Information

Good bone _____ Fair Bone _____
 Poor Bone _____

Number of Implants _____

	Type/Platform	#
Biomet 3i®	_____	_____
MUA	_____	_____
Zimmer®	_____	_____
MegaGen®	_____	_____
Nobel BioCare®	_____	_____
Straumann®	_____	_____
Hiossen®	_____	_____

Materials Supplied

Denture Setup _____ Soft Tissue Master Cast _____
 Verification Jig _____ Labial Key / Putty Matrix _____
 Other _____

Ship to:

Preat Corporation
 2625 Skyway Drive, Suite B, Santa Maria, CA 93455

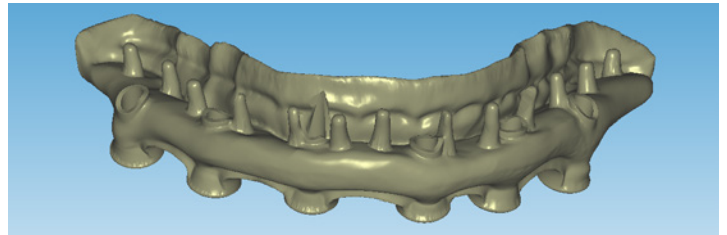
Attachment Selection

Locator _____ Universal Plunger Loc _____
 Hader _____ Equator _____
 Clix _____ Dolder Rigid Mini / Std _____
 Vertex _____ Dolder Resilient Mini / Std _____
 Sagix _____ Round Bar / Ackermann _____

Bar Design Specifics

Distal Extension _____ Mesial Extensions _____
 Space Between Bar and Tissue _____
 Bar Height _____ Hybrid Retention Elements _____

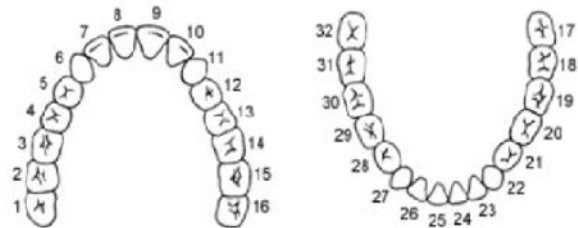
Additional Information



Opposing Dentition _____
 Patient Issues _____

Additional Instructions

Please outline the desired design:



Signature