

# MEDICAL PRESCRIPTION PROSTHETIC SOLUTIONS



## 1. General Information

Date:\* \_\_\_\_\_

First Name and Last Name Dr.:\* \_\_\_\_\_

Address (Street, City, Zip Code) Dr.:\* \_\_\_\_\_

Phone:\* \_\_\_\_\_

Email:\* \_\_\_\_\_

Patient's First Name and Last Name:\* \_\_\_\_\_

Age:\* \_\_\_\_\_ Sex:\* F  M

Billing address, if different from requesting address:  
\_\_\_\_\_

Delivery address, if different from requesting address:  
\_\_\_\_\_

## 2. Sending type\*

- Digital file
- Analog (in this case, after the form is inputted write to [jdguide@jdentalcare.com](mailto:jdguide@jdentalcare.com) to request pickup)

## 3. Processing location

Select the number of dental elements where you want the implant:\*

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

## 4. Type of processing\*

- Crown or bridge (Zirconia)
- Crown or bridge (PMMA)
- Crown or bridge (reinforced PMMA)
- Crown or bridge on ti-base (Zirconia)
- Crowns or bridges on ti-base (PMMA)
- Crown or bridges on ti-base (reinforced PMMA)
- Screw-retained crown or bridge: milled titanium + composite
- Full arch screw-retained direct: milled titanium bar + composite (jig test included)

- Full arch direct screw-retained: milled titanium bar + zirconia (jig try included)
- Jig try: resin
- 3D printing arch model
- 3D printing model hemiarch
- 3D print arch model + antagonist
- 3D printing hemi-arch model + antagonist
- Crown or bridge (Laser Metal)
- Crown or bridge (Milled Metal)
- Abutment COBALT CHROME
- Abutment Titanium
- Direct screwed bar COBALT CHROME
- Direct screwed bar Titanium
- Crown or bridge / implants zirconia (sintered)
- Crown or bridge / implants zirconia (non-sintered)

## 5. Type of plant needed\*

- JDEvolution Plus: location \_\_\_\_\_
- JDEvolution S: location \_\_\_\_\_
- JDIcon Plus: location \_\_\_\_\_
- JDIcon Ultra S: location \_\_\_\_\_
- JDEvolution: location \_\_\_\_\_
- JDIcon: location \_\_\_\_\_
- JDOcta: location \_\_\_\_\_
- JDNow: location \_\_\_\_\_
- Rehabilitation on MUA: location \_\_\_\_\_
- Does not require implantation



## 6. Color required\*

- No
- Yes: \_\_\_\_\_

## 7. Notes

Specify anamnestic news of relevance to the design and construction phase of the device, allergies, etc...(optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 8. Delivery date\*

See our timelines at this link on the website. Urgencies will be handled by the JD Milling Center, if possible, directly upon receipt of the request.

- On trial for: \_\_\_\_\_
- Finished for: \_\_\_\_\_

Before sending the order, check that you have correctly filled out the form in all the mandatory fields, and in the most exhaustive way possible. If the form is not filled out correctly, the work will not be taken on by the JD Milling Center.

Date: \_\_\_\_\_

Sign: \_\_\_\_\_



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