HIOSSEN IMPLANT

# SMARTFIT ORDER FORM

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https:/Digitalcenter.labstar.com

Date: ----------

Order #: ----------

## 1. Account Information

Name : ----------

Address : ----------

Account #: ----------

Phone Number: ----------

Email: ----------

## 2. Shipping Info.

Same as above ☐

Name : ----------

Address : ----------

Phone Number: ----------

Email: ----------

## 3. Case Info.

Design Review ☐ Please check for design review
Unchecked case will proceed in 2 days

Patient Info : ----------

Printed model With Lab Analog ☐

| Implant Information | | | Abutment Information | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Tooth # | Implant System | Implant Size | Connect Type | Abutment Type | Buccal /facial | Distal | Mesial | Lingual | Final Crown |
| 4 | ET | D4.0 | Hex | Ti/HY/ Gold shade | -1.0mm | -0.75mm | -0.75mm | -0.5mm | PFM |
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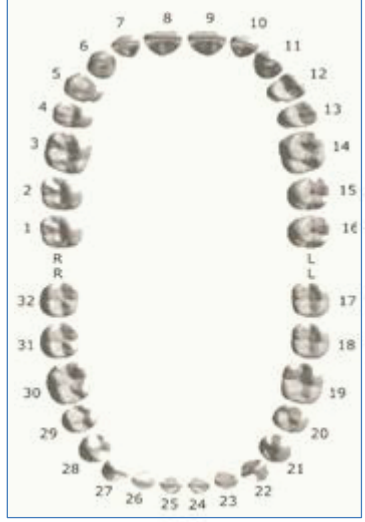
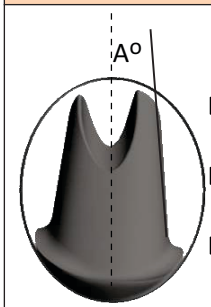
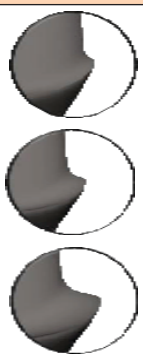
Parallel Abutment ☐ Single ☐ Splint
Connect for group




## 4. Design Preference

| Taper Angle | Margin Type | Emergence | Gingival Contact Shape |
|---|---|---|---|
|   ☐ 2° ☐ 4° ☐ 6° |  ☐ Bevel (Knife Edge) ☐ Moderate (0.3/0.4/0.5) ☐ Deep | ☐ Follow Soft Tissue (No change to Soft Tissue) ☐ Slight Soft Tissue (Slight soft tissue blanching) ☐ Ideal emergence profile(Soft tissue re-contouring) | ☐ Concave ☐ Straight ☐ Convex |

## 5. Special Comments : Specify Bridge info. Ex.3-5