

Step 5. Additional Indications

- | | |
|--|---|
| <input type="checkbox"/> Flapless Procedure | <input type="checkbox"/> Temporary Crown Required |
| <input type="checkbox"/> Raised Flap Procedure | <input type="checkbox"/> CustomHealing Cap Required |
| <input type="checkbox"/> Immediate Extraction | |

Step 6. Notes



Rotsaert

Dental Laboratory

71 Emerald Street South, Hamilton, Ontario, Canada L8N 2V4
Tel: 905-527-1422 • Toll Free: 1-800-263-2113 • Fax: 905-527-1048

Website: www.rotsaertdental.com • E-mail: implants@rotsaertdental.com

Rotsaert Restorative

Step 1. Information Sources

- Digital Files
- Stone Models
- Impressions
- Images

Send files to: implants@rotsaertdental.com

Step 2. Desired Abutment Type

- Material PMMA Style Screw Retained Shade:
- Zirconia Cemented
- PFM Multi Unit
- Emax

Step 3. Pontic Design Emergence Profile



Hygienic



Ridge Lap



Modified
Ridge Lap



Ovate



Concave



Convex

Step 4. Additional Notes:

.....

.....

.....

LAB USE ONLY Patient ID #

.....