

Implant Case Checklist

Have you enclosed or indicated on your RX:

- ✓ Doctor Name & Address
- ✓ Patient Name
- ✓ Return Date & Appointment Date
- ✓ Restoration Type
- ✓ Tooth Number(s)
- ✓ Shade
- ✓ Implant Manufacturer & Size
- ✓ Impression with Transfer Coping
- ✓ Bite
- ✓ Opposing
- ✓ Abutment & Analog (if you are providing)