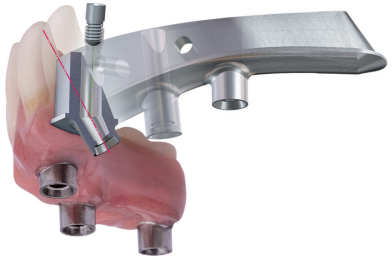
createch medical

Resin

Technic File F049A

Hybrid

☐



Telescopic Hybrid

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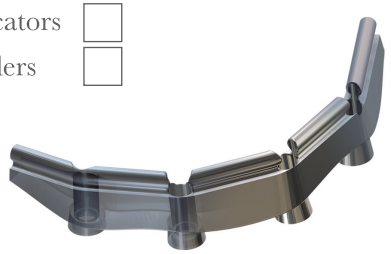
Bar

☐

Locators ☐

Riders ☐



Removable Telescopic

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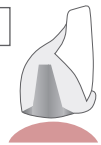
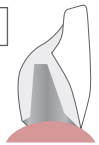
FINISH TYPE:

A. Distance to the gingiva ☐ ____ mm.



B. Inverted overlay ☐ ____ mm.

C. Adapted to gingiva ☐



D. Wrap arround ☐

Master Model + Fixed wax-up

Position	Implant System	Position	Implant System
☐		☐	
☐		☐	
☐		☐	
☐		☐	
☐		☐	
☐		☐	
☐		☐	
☐		☐	

Patient name / Code:_____

Dr.:_____

Lab:_____

Contact Person:_____ Tel.:_____

Abutments: Please include the following with the frame work:

☐ Screws ☐ Angulated Screws ☐ Angulated Screw Driver

Notes:_____

_____

_____

Date:_____ **Signature:**

* I hereby confirm that the information given is correct and the model and wax-up are accurate and have been correctly disinfect . I authorize Createch Medical to design and manufacture the framework based on the impression and technical specifications given.

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