



SYNERGY DENTAL TECHNOLOGY

STRENGTH IN COLLABORATION

Ph: (215) 647-8880 | info@synergypedentech.com
1555 Bustard Road, Suite 120, Lansdale, PA: 19446

Doctors Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Patients Name: _____

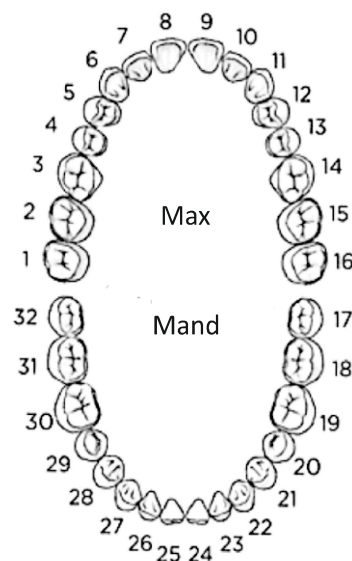
Age: _____ He/She Del By 5 P.M On: _____

Teeth : ☐ Economy / ☐ Premium Shade: _____

Acrylic Shade: ☐ Pink ☐ Ethnic ☐ 50-50 ☐ Clear

☐ Photos Emailed to photos@synergypedentech.com

Notes: _____



Doc.Sig: _____ License No: _____

FULL ARCH HYBRID/REMOVABLE RESTORATION

Fixed Full Arch Hybrid Restoration

☐ Maxillary AO _____ ☐ Mandibular AO _____

Max/Mand _____

Stages

☐ Presurgical Items Surgery Dt: _____
☐ Immediate Load Insertion Dt & Time : _____
☐ Final Prosthesis (Acrylic / Zirconia / Layered Zirconia / PFM CO-CR)

Type Of Restoration

Max/Mand _____

Max/Mand _____

☐ Implant Over Denture ☐ Partial Denture Acrylic
☐ Immediate Denture ☐ Partial Denture Flexible
☐ Complete Denture ☐ Cast Partial Denture

Stages

☐ Custom Tray Closed ☐ Frame Tryin
☐ Custom Tray Open ☐ Frame Tryin With Bite
☐ Bite Rim ☐ Teeth Set UP
☐ Bite Rim Screw Retained ☐ Reset
☐ Verification Jig ☐ Process/ Finish Acrylic
☐ Process/ Finish Flexible

Type Of Clasps

☐ WW Clasp ☐ Ball Clasp ☐ Flex Clasp

Type Of Reinforcement

☐ Cast Metal Framework ☐ Metal Mesh ☐ Fibre Core

Additional

☐ Surgical Stent ☐ Repair
☐ Guided Surgical Stent ☐ Reline
☐ Essix ☐ ReBase
☐ Night Guard ☐ Rethread
☐ Hard ☐ Soft ☐ Hard & Soft