



BellaTek™

Encode® Impression System



+919-403-0604 voice

+919-490-1314 fax



www.absolutedentallab.com

LOCATION: _____

PREP DATE: _____

DATE NEEDED: _____

SPECIFY TIME NEEDED: _____
(Please follow our monthly delivery schedule)

IF MODELESS CASE - PLEASE ENTER RX AT ABSOLUTEDENTALLAB.COM CLICK "ENCODE RX"

DR: _____ RESTORING CLINICIAN ZIPCODE: _____

PATIENT IDENTIFICATION CODE (PIC): _____

Required for case communication to maintain HIPPA compliance. Please enter existing PIC (already used within your office). Or create a 5-7 digit case (alpha & numerical) Example: Pt. John Doe - jd13579

PATIENT: _____ COUPON CODE: _____

SIZE OF ENCODE HEALING ABUTMENT: _____ PART NUMBER: _____

ZIMMER: BIOMET3i:

TEETH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
NUMBERS	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

CUSTOM ABUTMENTS CEMENT RETAINED

- ENVISION (Esthetics & Strength)
- ADZIR (Strength)

OPTIONS

- ABUTMENT ONLY
- GOLD NITRITE COATING

IMPLANT RESTORATIONS

ONE PIECE SCREW RETAINED STOCK PART

- ENVISION
- ADZIR

ONE PIECE SCREW RETAINED CUSTOM ABUTMENT

- SCREWMENTABLE MODELESS
- ENVISION (Esthetics & Strength)
- ADZIR (Strength)

PATIENT INFO

- UPLOAD SHADES AT ABSOLUTEDENTALLAB.COM CLICK "UPLOAD PATIENT PHOTOS"
- PATIENT TO CALL LAB FOR CUSTOM SHADE APPOINTMENT
- MALE FEMALE SHADE: _____ AGE: _____

CONTACT DDS

- TECHNICIAN TO CALL REGARDING CASE

SPECIAL INSTRUCTIONS:

DENTIST SIGNATURE

DENTIST LICENSE

By signing and submitting this prescription the undersigned is agreeing to pay for the item(s) prescribed

3600 University Drive
Durham, NC 27707

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