

Case Details Checklist

This document outlines the clinical details required for ordering an All at Once® Implant Bridge and guides.

Surgery Details:

- Patient Name _____
- Patient Date of Birth _____
- Dentist Name _____
- Dentist Phone _____
- Dentist Email _____
- Surgeon's Name _____
- Date of Surgery _____
- Surgery Location _____
- Clinic / Hospital Name _____
- Patient is insured (Yes/No) _____
- Medical Conditions (choose all that apply):
 - Smoker
 - Diabetes
 - Osteoporosis medication
 - None

Restorative Details:

- **Product** (choose one)
 - All at Once with zirconia bridge
 - All at Once with PMMA bridge
 - All at Once with 3D printed bridge
- **Smile Design** (choose one)
 - Use my design
 - Make a new design
- **Arch** (choose one)
 - Maxilla
 - Mandible
 - Both
- **Colour** (choose one)
 - A1
 - A2
 - A3
 - B1
 - Bleach (BL2)
 - Bleach (BL3)
- **Shape** _____
- **Length** _____
- **Prominence** _____
- **Midline** _____
- **Number of Teeth** _____
- **Amount of gingiva showing** _____
- **Occlusal scheme** (choose one)
 - Conform to opposing occlusion
 - Ideal occlusion
- **Vertical dimension** (choose one)
 - As recorded
 - Open (1mm)
 - Open (2mm)
 - Open (3mm)
- **Implant brand** (choose one)
 - Straumann
 - Southern Implants
- **Ideal number of implants** _____
- **Pre-existing implant information** (*site, brand, size*) _____
- **Additional Notes** _____

