

# IMPLANT BAR PRESCRIPTION



Patient: \_\_\_\_\_

Dentist: \_\_\_\_\_

License #: \_\_\_\_\_

Number of Implant(s): \_\_\_\_\_  Upper case  Lower case




Platform types: \_\_\_\_\_

Material:

**Ti**
 **Co-Cr**
 **Zr**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## REMOVABLE BAR

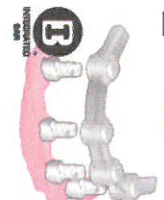
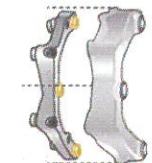
**DOLDER++**
 Dolder regular
  Dolder resilient
  Hader

## REMOVABLE BAR WITH ATTACHMENTS


 
 
 
 OTHER: \_\_\_\_\_

Milled RHEIN83 OT Equator ZEST Locator RHEIN83 Ball OTHER: \_\_\_\_\_  
 Qty: \_\_\_\_\_ Qty: \_\_\_\_\_ Qty: \_\_\_\_\_ Qty: \_\_\_\_\_




**REBOURKE CONCEPT**
 **DOUBLE STRUCTURE**
 **INTEGRATED BAR**
 **LOCK 'N' RELEASE**

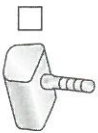
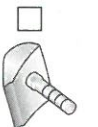


## FIXED BAR

## IMPLANT BRIDGE

(copywax)



COMMENTS \_\_\_\_\_