



# Dutton DENTAL CONCEPTS INC.

## SUBPERIOSTEAL PRESCRIPTION

11020 Industrial Parkway Bolivar, Ohio 44612  
(330)-343-6068 1-800-426-2427

Date: \_\_\_\_\_

E-mail: ddc@duttontental.com Fax: (330)-874-1404

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PATIENT: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

### SUBPERIOSTEAL IMPLANT FRAMEWORK:

- maxillary                       mandibular
- complete                       circumferential                       unilateral                       Bistrin (threaded abutment posts)

- Follow design on model                       Design framework for doctor approval
- Four O-ring post attachments \_\_\_\_\_sm \_\_\_\_\_med \_\_\_\_\_lg
- Provide acrylic rim with O-rings inside
- Provide provisional denture shade: \_\_\_\_\_
- Adapt denture
- Provide provisional crowns shade: \_\_\_\_\_ tooth #'s: \_\_\_\_\_
- Mesostructure                       Superstructure
- Abutment heads at tooth #'s: \_\_\_\_\_
- Provide retention screw \_\_\_\_\_sm \_\_\_\_\_lg screw sites at: \_\_\_\_\_

- Tissue depth:
  - right molar: \_\_\_\_\_mm                      left molar: \_\_\_\_\_mm
  - right cuspid: \_\_\_\_\_mm                      left cuspid: \_\_\_\_\_mm

- HA Coat\*     no     yes, bone side only\*     yes, entire sub\*                      *\*(add two weeks for HA)*

\*\*\*\* See other side for special instructions. \*\*\*\*

Surgery date: \_\_\_\_\_

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I hereby accept the limited warranty on this custom subperiosteal and verify that I will adequately inform the patient of any possible inherent risks prior to the use of this custom subperiosteal.

Doctor's signature: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_

