

# Case Details Checklist

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

## Surgery Details:

- Case ID \_\_\_\_\_
- 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) \_\_\_\_\_
- Laboratory \_\_\_\_\_
- 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** \_\_\_\_\_