SMARTFIT ORDER FORM

85 Ben Fairless Dr. Fairless Hills PA, 19030
Email: smartfit@hiossen.com / Tel:267-759-7071
https:/Digitalcenter.labstar.com

Date: _____

Order #: _____

1. Account Information

Name : _____

Account #: _____

Address : _____

Phone Number: _____

Email: _____

2. Shipping Info.

Same as above ☐

Name : _____

Phone Number: _____

Address : _____

Email: _____

3. Case Info.

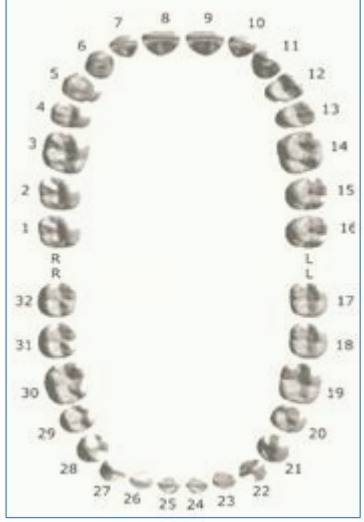
Design Review ☐ Please check for design review
Unchecked case will proceed in 2 days

Patient Info : _____

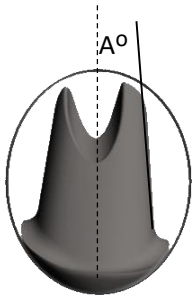
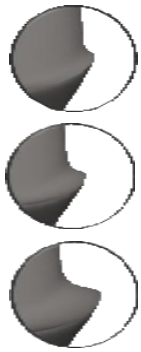
Printed model With Lab Analog ☐

Implant Information			Abutment Information						
Tooth #	Implant System	Implant Size	Connect Type	Abutment Type	Buccal /facial	Distal	Mesial	Lingual	Final Crown
4	ET	D4.0	Hex	Ti/HY/ Gold shade	-1.0mm	-0.75mm	-0.75mm	-0.5mm	PFM

Parallel Abutment ☐ Single ☐ Splint
Connect for group



4. Design Preference

Taper Angle	Margin Type	Emergence	Gingival Contact Shape
 ☐ 2° ☐ 4° ☐ 6°	 ☐ Bevel (Knife Edge) ☐ Moderate (0.3/0.4/0.5) ☐ Deep	☐ Follow Soft Tissue (No change to Soft Tissue) ☐ Slight Soft Tissue (Slight soft tissue blanching) ☐ Ideal emergence profile(Soft tissue re-contouring)	☐ Concave ☐ Straight ☐ Convex

5. Special Comments : Specify Bridge info. Ex.3-5