01 CASE & COMPONENTS

Identify every implant and restorative interface.

Case reference / arch / restoration extent
Use a case code rather than the patient's full name. Specify tooth notation.

Prescribing dentist / registration number / practice
Include dentist email, telephone and practice address.

Technician / laboratory / recipient email
Include laboratory address and technician telephone.

Date completed
Automatically populated in the online form; editable on this PDF.

Delivery date (optional)
Choose the date the laboratory work is required.

Implant and component map
One row per site. Continue in the additional-notes field if required.

Site	Implant: brand / size / platform	MUA: brand / angle / cuff / platform	Ti-base / scan body / library refs

Component instructions / additional sites
Exact references; CAD library/version; engaging or non-engaging components where applicable.

02 RECORDS & APPROVED BLUEPRINT

Use the latest verified records and identify their dates.

Approved blueprint reference / approval date
Specify file name/version; record patient and clinician approval.

Treating dentist: email / WhatsApp number
Specify email and WhatsApp number (including country code) for design reviews, recordings and production photos.

IOS dataset: blueprint in situ / opposing arch / bite
Paste Google Drive, Dropbox, SmileCloud or other share link(s). Confirm lab access; include IO/EO photos and videos. Specify ICP/CR.

Soft-tissue IOS / scan bodies / reference level
Paste Google Drive, Dropbox, SmileCloud or other share link(s). Confirm lab access. Specify scan body/library and implant- or MUA-level.

Photogrammetry dataset / acquisition date
Paste Google Drive, Dropbox, SmileCloud or other share link(s). Confirm lab access. Include acquisition date, system and component references.

Alignment and photogrammetry review
Technician: email or WhatsApp a screen recording of alignment/photogrammetry adaptation to the treating dentist specified above. Flag discrepancies.

Functional records / OVD / jaw-motion records
Paste Google Drive, Dropbox, SmileCloud or other share link(s). Confirm lab access. Specify OVD/jaw relationship; include Modjaw/face-scan data if used.

Requested blueprint changes / elements to preserve
List changes by tooth/site; otherwise reproduce the approved blueprint. Include clinical fit-verification plan.

03 MATERIAL & CONSTRUCTION

Specify the exact product and complete restorative assembly.

Restorative material / manufacturer / product
Zirconia, PMMA, PFM, composite, printed nano-hybrid ceramic or other; intended definitive/interim use.

Zirconia composition and optical specification
Single-layer or multilayer zirconia; 3Y/4Y/5Y or graded composition; shade/translucency. Specify manufacturer and exact product.

Monolithic / cut-back / veneered construction
Identify veneered surfaces, framework support and any individual crowns on a framework.

Interface / framework design
Direct to MUA, Ti-bases, titanium bar, zirconia bar, PEEK bar or other. Identify exact compatible system.

One-piece or segmented / segment boundaries
Number of segments; tooth/site boundaries; connectors and retention method.

Screws / drivers / access-channel design
Manufacturer and reference; straight/angled access; exit positions; compatible interfaces.

Ti-base / bar bonding protocol, where applicable
Cement/primer products, surface treatment and bonding responsibility, following relevant IFUs.

Structural review / manufacturing constraints
Report thickness, connector dimensions, cantilever measurements and product indication checks. Flag conflicts.

04 OCCLUSION & FUNCTION

Prescribe static and dynamic contacts separately.

Opposing dentition / prosthesis / risk factors
Natural teeth, fixed/removable restoration or implant prosthesis; wear, bruxism and fracture history.

Occlusal plane / arch form / OVD
Preserve approved blueprint or specify changes with annotated reference images.

Static contacts in prescribed jaw relationship
Distribution and intensity of contacts; any sites to be relieved or excluded.

Lateral excursions / working and non-working contacts
Canine guidance, group function or progressive guidance; specify side/site-specific requirements.

Protrusive and anterior guidance
Guidance contour/inclination, overjet/overbite and intended posterior disclusion.

Occlusal table / cuspal anatomy
Buccolingual width, cusp inclinations and fossae; specify changes from the blueprint.

Cantilever prescription
Side/site, terminal unit, maximum prescribed length and how measured; static/excursive contacts.

Functional checks / protective appliance
Phonetics, jaw-motion review and any prescribed appliance. Flag record conflicts before proceeding.

05 AESTHETICS, TISSUE & HYGIENE

Translate the approved clinical result into explicit design instructions.

Tooth form / position / blueprint changes
Midline, smile arc, incisal display, tooth proportions, buccal corridors and lip support.

Shade map / reference photographs
Shade system, cervical/body/incisal shades; photographs with reference tabs where available.

Desired aesthetic character
Subtle natural / highly characterised natural / uniform bright appearance; attach patient-approved examples.

Translucency / staining / texture / incisal anatomy
Specify location and extent; surface lustre, microtexture, mamelons, edge form and other details.

Pontic design by site
Shape and tissue-contact contour; mark any intended increase/decrease relative to the approved blueprint.

Emergence profile by implant site
Specify contour changes and tissue support by site; attach annotated sections/screenshots.

Hygiene access / proximal contacts / embrasures
Specify floss, threader or interdental access and contact tightness separately; mark access routes.

Finishing instructions / FP1 scope
Polish tissue surfaces; preserve approved anatomy and strength. No pink material unless separately discussed/approved.

06 VERIFICATION, APPROVAL & DELIVERY

Document the exact version authorised for each stage.

Verification / prototype / framework try-in
Choose verification jig, prototype try-in, framework try-in or direct to final fit. Specify required checks and any fit-verification video.

Design review package
Technician: send design HTML by email/WhatsApp before manufacture for approval. Send photos of the milled restoration after production, before finishing and after finishing.

Deviations / unresolved questions / lab comments
List every departure from the prescription or approved blueprint and obtain clarification.

Approval status / version / clinician / date
Design review only / prototype authorised / manufacture authorised. Record exact approved file/version.

Delivery contents and technical record
Component list, material/product/batch details, screw/driver and IFU torque information; bonding record; final CAD/STL files.

Dispatch details / dentist copy / further instructions
Delivery address, due date, recipient email confirmed; additional clinical notes.

Clinician authorisation
Name and date confirm prescription review. Typed entries are not a digital signature.

PRESERVE THE APPROVED BLUEPRINT. FLAG EVERY PROPOSED DEVIATION.

Do not manufacture or definitively bond until the exact design version has written clinician approval.

OCCLUSION & VERTICAL DIMENSION

FP1 DEFINITIVE | Additional design instructions

Complete alongside the existing functional design / occlusion section.

Case reference:

Occlusal vertical dimension (OVD)

- ○ Maintain (0 mm)
- ○ Increase (+ mm)
- ○ Decrease (- mm)

Amount of change (mm)

Enter a positive amount; select the direction above.

Measurement location and starting reference

Identify teeth / landmarks and the existing bite or approved provisional record/version.

Lateral guidance

- ○ Canine guidance
- ○ Group function
- ○ Progressive guidance
- ○ Other

Specify right/left differences, teeth involved, working/non-working contacts and exclusions.

Occlusal scheme

- ○ Mutually protected
- ○ Lingualised
- ○ Other

State case-specific instructions; describe any Other selection.

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BITE RECORDS & JAW MOTION

FP1 DEFINITIVE | Additional design instructions

Complete alongside the existing functional design / occlusion section.

Case reference:

Bite-record method

- ○ Intraoral scan bite
- ○ Physical bite registration
- ○ Jaw-tracking record
- ○ Combined records
- ○ Other

Specify ICP / CR / other, record date, file names and secure share links. Confirm lab access.

Patient-specific jaw tracking

- ○ Not used
- ○ Modjaw
- ○ Zebris
- ○ Other

Export format

- ○ XML
- ○ MOD
- ○ XML and MOD
- ○ Other
- ○ Not applicable

Identify device/software version, recorded movements, reference bite, files and share links.

Jaw-motion simulation

- ○ Not requested
- ○ BiteFinder
- ○ Bmotion
- ○ Other

Specify software/version and instructions; state whether recorded patient motion is also supplied.

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