



# Sky Dental Solution

Order Date

Due Date: (IOS - 2 weeks / Impression - 3 weeks)

Office Name

Doctor's Name

Phone

Email

Patient's Name

Tooth Number

Shade

**Implant Brand**

**Platform Type**

**Platform Size**

**Healing Abutment Size**

**IOS Brands**

**Traditional Impression**

3Shape Trios

Carestream

Fixture Level Impression

iTero

Cerec

Medit

**Restoration Type**

**Cementable**

**Screw-mentable**

**Screw Retained**



**Nobel  
Biocare™**