ANKHOR
Tomorrow's dentistry today

ANKHOR DENTAL LAB

DIGITAL FILE SUBMISSION CHECKLIST

Use this sheet with the relevant crown, implant or hybrid prescription. Tick all records sent.

Clinic / Practice	Dentist	Mobile / WhatsApp	Date	Case Ref.

Patient Name

JOB / TOOTH SELECTION — MARK THE TEETH OR IMPLANT POSITIONS

JOB / TOOTHSELECTION

Tick the required tooth/teeth

Upper	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lower	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

SCANNER AND FILE INFORMATION

Scanner make / model	Software / version	Case folder / transfer reference

FILES INCLUDED

- ☐ Upper arch / maxilla
- ☐ Opposing arch
- ☐ Scanbody scan
- ☐ PLY
- ☐ JPEG / PNG photographs
- ☐ Lower arch / mandible
- ☐ Bite registration
- ☐ Photogrammetry data
- ☐ OBJ
- ☐ Exocad project / design files
- ☐ Preparation / die scan
- ☐ Pre-op / diagnostic scan
- ☐ STL
- ☐ DICOM / CBCT reference
- ☐ Other file(s)

DIGITAL QUALITY CHECK

- ☐ Correct clinic case reference
- ☐ Preparation margins visible
- ☐ Opposing arch included
- ☐ Shade / photographs attached if needed
- ☐ Correct arch orientation
- ☐ No obvious holes / stitching gaps
- ☐ Scanbody fully seated / identified
- ☐ Files open and are not corrupted
- ☐ Required scan areas captured
- ☐ Bite record captured / aligned
- ☐ Implant system and platform stated
- ☐ Prescription completed

ANKHOR PRODUCTS / SERVICES REQUESTED

- ☐ A81 IOS scan — crown / bridge (in-lab)
- ☐ A85 Scanbody
- ☐ A87 Ti-base and screw
- ☐ A33–A34 STL anatomic models
- ☐ A91 Tooth-colour wax-up
- ☐ A93 Reduction jig
- ☐ A96–A98 Splint / bleaching tray
- ☐ A70–A75 Complete denture / repair / overdenture
- ☐ A22–A25 Attachments / locator / OT Equator / OT Ball
- ☐ A21 Precious alloy processing
- ☐ Other (specify in instructions)
- ☐ A83 IOS scan — implant prosthesis (in-lab)
- ☐ A86 Digital lab analog
- ☐ A29–A32 3D printed models
- ☐ A65–A69 Surgical guide / anchor pin / bone cutting guide
- ☐ A92 Digital wax-up / image
- ☐ A94–A95 Vacuum-formed index
- ☐ A35–A38 Cast partial denture / acrylisation
- ☐ A76–A80 Maxillofacial prosthesis
- ☐ A26–A28 Telescopic crowns
- ☐ A88–A90 Gingival colouring / metal-ceramic / gingival composite
- ☐ Other (specify in instructions)

Special instructions / missing files / support requested

Dentist signature / stamp	Required date	Lab job no. (office use)

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