

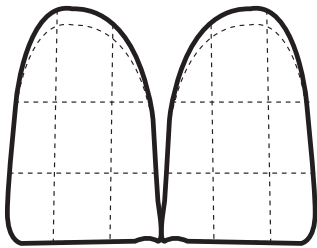
**PRACTICE:**  
**Doctor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PATIENT**  
**First:** \_\_\_\_\_  
**Last:** \_\_\_\_\_  
**AGE** \_\_\_\_\_ **DUE DATE:** \_\_\_\_\_

**SCANS SENT:**  Impression  Model  Bite Reg  Parts  MAX  Pics  MAND  Impression  Model  Bite Reg  Parts

**Total Scans:** \_\_\_\_\_

**CHARACTERIZATIONS:**  
 Tooth Shade: \_\_\_\_\_  Call Upon Receipt



**IMPLANTS**  
**Brand** \_\_\_\_\_  
**Platform Size** \_\_\_\_\_  
**Platform Type** \_\_\_\_\_

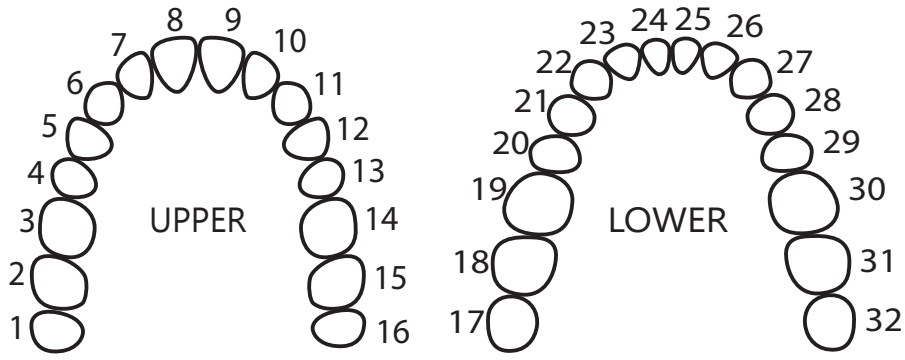
**ABUTMENTS**  
 Titanium Custom  
 Zirconia Custom  
 Stock Prepared

**SCREW RETAINED**  
 Screw Retained (selected material)

**CHOOSE MATERIAL:**

<p><b>ZIRCONIA</b></p> <input type="checkbox"/> Full Zirconia <input type="checkbox"/> Layered Zirconia	<p><b>EMAX</b></p> <input type="checkbox"/> Full Emax <input type="checkbox"/> Layered Emax	<p><b>PFM</b></p> <input type="checkbox"/> PFM Non- Precious <input type="checkbox"/> PFM Semi- Precious <input type="checkbox"/> Porcelain Labial Margin	<p><b>FULL CAST</b></p> <input type="checkbox"/> White Non- Precious <input type="checkbox"/> White Semi- Precious <input type="checkbox"/> Yellow Full Gold <input type="checkbox"/> Cast Post	<p><b>OTHER</b></p> <input type="checkbox"/> Diagnostic Wax Up <input type="checkbox"/> PMMA Acrylic Temp
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**DESIGN:**



UPPER  
LOWER

**NOTES:** \_\_\_\_\_

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Signature \_\_\_\_\_ License Number \_\_\_\_\_