



Office _____ Todays Date _____
 Doctor _____ Due Date _____
 Patient Name _____ Patient Appt _____



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Restoration Type

- Zirconia Monolithic (Posteriors) Emax LT (Posteriors) Milled Gold 2%
- Zirconia Esthetic (Anteriors) Emax HT (Anteriors) Milled Gold 40%
- Zirconia Layered (Most Esthetic) Emax Layered (Most Esthetic) Milled Gold 58%

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Implant Restorations

- Zirconia Cementable - Custom Abutment Implant Brand & Size Details _____
- Zirconia Screw Ret. - Crown w/ Ti-Base _____
- Zirconia Screw Ret. - Crown wCustom Abutment _____
- Zirconia Full Arch _____

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Other

- Printed Model Clear Aligner Case Occlusal Guard
- Surgical Guide Bleaching Trays

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Restoration Details

- Items Included**
- Impressions Tooth # _____
 - Bite Registration Stump Shade _____
 - Facebow Desired Shade _____
- Occlusion**
- In Occlusion
 - 0.2 mm Out of Occlusion
- Contacts**
- Light
 - Moderate
 - Heavy

Instructions to The Lab

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