

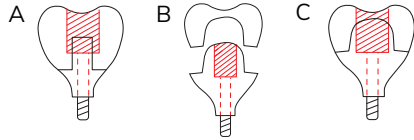
Office _____ Todays Date _____
 Doctor _____ Due Date _____
 Patient Name _____ Patient Appt _____

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%

Implant Restorations

- A. Zirconia Screw-Retained Crown and Ti-base (Most Common)
 B. Zirconia Cementable Crown and Titanium Custom Abutment
 C. Zirconia Screwmentable Crown and Titanium Custom Abutment
 Zirconia Full Arch (All-on-X)



Implant brand, model, and size:

Other

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

Restoration Details

Items Included

- Impressions
 Bite Registration
 Facebook

Tooth # _____
 Stump Shade _____
 Desired Shade _____

Instructions to The Lab:

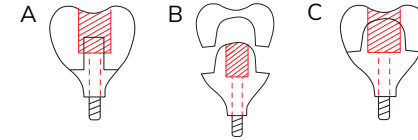
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