



706-882-1944 105 Westside Dr. LaGrange, GA 30240

LAB NAME:	PHONE:
ADDRESS:	
PATIENT NAME:	
	7 8 9 10
DATE NEEDED IN LAB:	
	3 (4) (2) (4) 15
IMPLANT ABUTMENT TYPE:	31(1)
IMPLANT ABUTMENT SIZE:	29 20 20 20
TOOTH SHADE:	27 26 25 24 23 22
TOOTH SHADE.	
TYPE OF RESTORATION:	
FULL CONTOUR	FULL CONTOUR FACIAL CUTBACK
COPING	GOLD HUE (CTA)
☐ WAX	CUSTOM TITANIUM ABUTMENT
PMMA	CUSTOM HYBRID ZIRCONIA ABUTMENT
ULTRA TRANSLUCENT ZIRCONIA	HYBRID FULL CONTOUR ZIRCONIA SCREW RETAINED ABUTMENT
SPECIFIC INSTRUCTIONS:	



AXIS LAB SLIP

706-882-1944 105 Westside Dr. LaGrange, GA 30240

LAB NAME:	PHONE:
ADDRESS:	
PATIENT NAME:	7 8 9 10 6 11 5 72
DATE NEEDED IN LAB:	12 4 13 3 4 2 4 15
MPLANT ABUTMENT TYPE:	31 (1)
MPLANT ABUTMENT SIZE:	30 19 20 21
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