

LAB NAME:

PHONE:

ADDRESS:

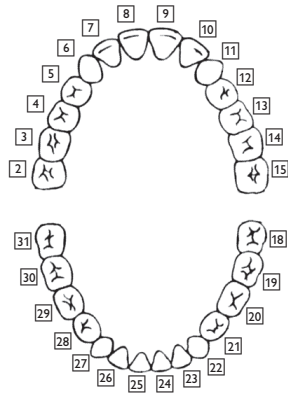
PATIENT NAME:

DATE NEEDED IN LAB:

IMPLANT ABUTMENT TYPE:

IMPLANT ABUTMENT SIZE:

TOOTH SHADE:



TYPE OF RESTORATION:

- | | |
|---|---|
| <input type="checkbox"/> FULL CONTOUR | <input type="checkbox"/> FULL CONTOUR FACIAL CUTBACK |
| <input type="checkbox"/> COPING | <input type="checkbox"/> GOLD HUE (CTA) |
| <input type="checkbox"/> WAX | <input type="checkbox"/> CUSTOM TITANIUM ABUTMENT |
| <input type="checkbox"/> PMMA | <input type="checkbox"/> CUSTOM HYBRID ZIRCONIA ABUTMENT |
| <input type="checkbox"/> ULTRA TRANSLUCENT ZIRCONIA | <input type="checkbox"/> HYBRID FULL CONTOUR ZIRCONIA SCREW RETAINED ABUTMENT |

SPECIFIC INSTRUCTIONS:

LAB NAME:

PHONE:

ADDRESS:

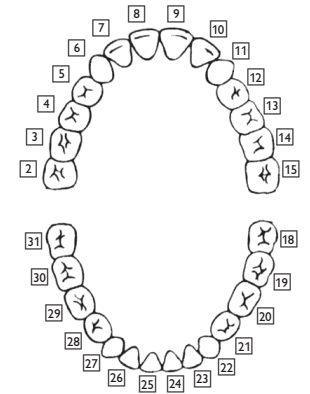
PATIENT NAME:

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SPECIFIC INSTRUCTIONS:
