



Guided Prosthetics—Final Restoration

Date: _____ **Due back to DR:** _____ **Shade:** _____

Incomplete Lab slip will delay your case

Restorative Doctor _____ Lic # _____ Phone # _____

Patient: First Name _____ Last Name _____ Age _____ Gender _____

Check box if Prepaid Case. Oral Surgeon: _____

Bill to: _____ Phone: _____

Ship To: (if other than the Restorative Doctor)

Practice _____ Ph _____

Address _____

City _____ St _____ Zip _____



UPPER: LOWER:

Option 1-Denture Teeth & Acrylic

Genuine Manufacturer Bar

Step 1 (6 business days):
 Soft Tissue MW, & Teeth Try-in

Step 2 (12 business days)
 Bar Fabrication to Completion

UPPER: LOWER:

Option 2-Nano-Ceramic

Step 1 (6 business days):
 Soft Tissue MW & Teeth Try-in

Step 2 (20 business days)
 Nano-Ceramic to Completion

UPPER: LOWER:

Option 3-Solid Zirconia

A. (No Cutback)

B. (with Anterior Cutback)

Step 1 (6 business days):
 Soft Tissue MW & Teeth Try-in

Step 2 (24 business days)
 Zirconia Full Arch to Completion



UPPER: LOWER:

Option 4-Titanium Copymill with Individual Solid Zirconia Crowns w/Layered Anteriors

Step 1 (6 business days):
 Soft Tissue MW & Teeth Try-in

Step 2 (24 business days)
 Titanium Copymill w/Crowns to Completion



UPPER: LOWER:

Option 5-Zirconia Copymill with Individual Solid Zirconia Crowns w/Layered Anteriors

Step 1 (6 business days):
 Soft Tissue MW & Teeth Try-in

Step 2 (24 business days)
 Zirconia Copymill w/Crowns to Completion



Pay by: Visa MasterCard Amer. Express Discover Card on file
 Card # _____ Exp: _____

Signature: _____ OK to keep card on file for future purchases

Email: _____ Fax # _____

Dentist Signature _____

Dear Doctor,

Please return the back of this form when you are ready for the final restoration.

Items to return:

- Clear Duplicate with Temp Copings picked up
- RX Completed (reverse side) with Shade
- Bite
- Opposing
- Analogs/Screws
- Post-Op Photos with LTP in mouth

Thank you,
nSequence