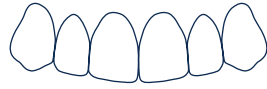


Doctor: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone: _____

Patient: _____
 Sex: M F Age: _____
 Return Date: _____
 Time of Day: _____

INSTRUCTIONS:

Occlusal Stain None
 Light Medium Heavy



Shade & Mould

Signature: _____ License #: _____

IMPLANT PRESCRIPTION

TYPE/SIZE OF IMPLANT

Do not forget to send the following so we can complete your case on time.

- Impression Coping Guide Pin X-Ray
- Opposing Model Shade Bite

Implant Brand _____ Size _____
 Tooth #'s _____ Healing Abut _____

Implant Brand _____ Size _____
 Tooth #'s _____ Healing Abut _____

Implant Brand _____ Size _____
 Tooth #'s _____ Healing Abut _____

CROWNS

- | Type | Metal |
|--|---|
| <input type="checkbox"/> PFM | <input type="checkbox"/> High Noble |
| <input type="checkbox"/> Full cast | <input type="checkbox"/> Noble |
| <input type="checkbox"/> Emax | <input type="checkbox"/> Base |
| <input type="checkbox"/> Verotek FCZ | |
| <input type="checkbox"/> Verotek Aesthetic | |
| <input type="checkbox"/> Verotek Layered | |
| <input type="checkbox"/> Lava | <input type="checkbox"/> Screw Retained |
| <input type="checkbox"/> Procera | <input type="checkbox"/> Cement-on |
| <input type="checkbox"/> Temporary | |

ABUTMENTS

- Type**
- Custom Milled Titanium
 - Custom Milled Zirconia
 - Prefabricated Esthetic Abutment Titanium
 - Temporary Abutment
 - Other _____

REMOVABLE PARTIALS AND DENTURES

- Individual abutments w/OVD, Abutment preference _____
- Milled bar w/OVD
- Hybrid, screw-retained denture
- Other

Phone number for a technician to reach out for further information: _____

SEND MORE

- RX's Labels Boxes