

LAB USE ONLY

Dr's Name _____ Prep Date _____
PLEASE PRINT CLEARLY

Patient _____ Due Date _____

TYPE OF RESTORATION

Translucent & Multi Layered Zirconia

Solid Zirconia Crown (BRUX)

Layered zirconia

PFM - Semi-precious

PFM - Non-precious

Full Cast Crown

Yellow Non-precious

IMPLANT

* company: _____


Custom Abutment + Crown

Titanium

Titanium/Zirconia Hybrid

1-Piece Screw-Retained

SHADE



SHADE : _____

STUMP SHADE : _____

REMOVABLES

Traditional Denture

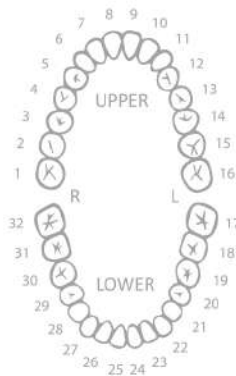
3D Printed Denture

All-on-X

Milled Flexible Unilateral Partial

Acrylic Partial

EMA Sleep Apnea Device



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