



DR: \_\_\_\_\_

DATE: \_\_\_\_\_

PATIENT: \_\_\_\_\_

SHADE: \_\_\_\_\_ DUE: \_\_\_\_\_

**FIXED**

- Full ZR
- Stacked Porcelain
- e.Max
- Full Gold

**Translucency**  
High                  Low

**IMPLANTS**

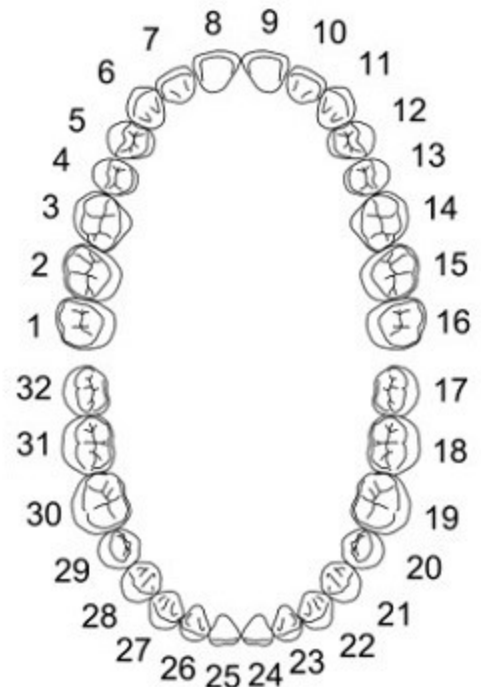
- Custom Abutment  
(Ti / Gold tint / ZR)
- UCLA w/ Ti base
- Screw Access Hole
- Surgical Guide

**Implant System**  
\_\_\_\_\_

**REMOVABLE**

- Full Denture
- Partial  
(Acrylic, Metal, Flexible)
- Night Guard
- Ortho Device
- Wax Bite Rims
- Repair/Reline

**INSTRUCTIONS:**



Dr. Signature: \_\_\_\_\_

License #: \_\_\_\_\_