

DOCTOR _____

PATIENT _____

AGE _____ MALE FEMALE

INDIVIDUAL BRIDGE

Date Shipped

Date Due In Office

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

FIXED RESTORATION

- Layered Zirconia
- All Zirconia
- Emax Veneer
- Emax Crown
- Emax inlay/onlay
- Zirconia Post & Core
- PMMA Temporary
- Full Gold Crown

IMPLANT

- Implant Brand _____
- Implant Diameter _____
- Titanium Custom Abutment
- Zirconia Abutment w/ Ti Link
- Layered Zirconia Screw Retained
- All Zirconia Screw Retained
- Abutment Placement Guide
- Radiographic Guide
- CT or Pilot Surgical Guide

REMOVABLE




- Custom Tray
- Bite Block
- Full Denture
- Over Denture
- Metal Partial
- Flexible Partial
- Acrylic Partial
- Precision Attachment



Final Shade _____

Stump Shade _____

EMERGENCE PROFILE

- No Tissue Displacement 
- Tissue Displacement 
- Surgical Placement 

INSTRUCTIONS

Dr. Signature _____ Dr. License # _____