

CASE NUMBER: _____ DATE RECEIVED AT LAB: _____ COMPLETE DATE: _____

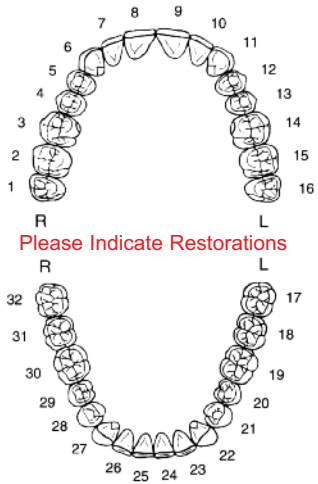
DOCTOR: _____ PATIENT: _____
PLEASE PRINT PLEASE PRINT

CITY, ST: _____ Age: _____

DATE DUE ON (BY 5:00 P.M.): _____ DATE SHIPPED: _____
PLEASE ALLOW 2 WEEKS

IMPLANT RESTORATION

- SCREW-RETAINED MONOLITHIC ZIRCONIA
- PATIENT SPECIFIC ZIRCONIA ABUTMENT
- PATIENT SPECIFIC TITANIUM ABUTMENT
- CAD/CAM MONOLITHIC ZIRCONIA CROWN
- MONOLITHIC E.MAX CROWN
- AESTHETIC E.MAX LAYERED CROWN
- AESTHETIC ZIRCONIA LAYERED CROWN
- PORCELAIN FUSED TO WHITE GOLD CROWN
- FULL YELLOW GOLD CROWN
- DIAGNOSTIC WAX UP PORCELAIN VENEER



IMPLANT DETAIL

SPECIFY TYPE & SIZE

- INCISAL TRANSLUCENCY MINIMAL MODERATE (1.0 mm) MAXIMUM (1.5 mm)
- SURFACE TEXTURE HIGH MEDIUM LIGHT SMOOTH
- SURFACE FINISH HIGH GLAZE POLISHED GLOSS SATIN LOW GLOSS

FINAL SHADE DETAIL

DENTIN SHADE _____
FOR ALL WORK INVOLVING NON-METAL

OCCLUSAL

- STAIN NONE LIGHT DARK
- CONTACT IN OCCLUSION
 SLIGHTLY OUT OF OCCLUSION
 OUT OF OCCLUSION

IF NO OCCLUSAL CLEARANCE

- SPOT OPPOSING REDUCTION COPING
 METAL OCCLUSAL CALL _____

VERTICAL

VERTICAL DIMENSION _____ mm OPEN BITE
 VERTICAL MEASUREMENT _____ mm

INTERPROXIMAL

- CONTACT NORMAL BROAD POINT
- EMBRASURE CLOSED OPEN
- DIASTEMA CLOSED OPEN

A D D I T I O N A L I N S T R U C T I O N

Please PRINT - we are not responsible if we can't read your instructions. Avoid abbreviations.

ANTERIOR LENGTH Central _____ mm Lateral _____ mm less than centrals Canine _____ mm

Signature _____ License No. _____

I agree to Terms and Conditions. Please visit www.implantdentallabs.com to read Terms & Conditions.

PLEASE SEND A STUDY MODEL for all work involving anterior teeth

WHITE - LAB COPY

YELLOW - DOCTOR COPY

Rev. 02/2020