



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

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

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

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

**FIXED**

- Full ZR  
 Stacked Porcelain  
 e.Max  
 Full Gold

**Translucency**

High      Low

**IMPLANTS**

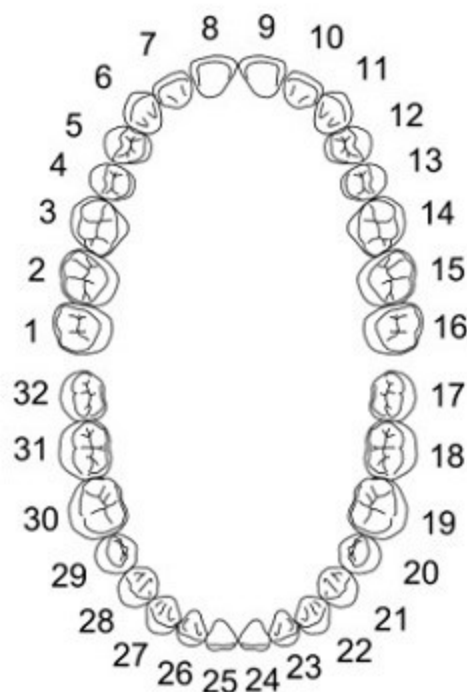
- Custom Abutment  
 (Ti / Gold tint / ZR)  
 UCLA w/ Ti base  
 Screw Access Hole  
 Surgical Guide

**Implant System**

\_\_\_\_\_

**REMOVABLE**

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

**INSTRUCTIONS:**

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

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