LAB USE ONLY				
STN#:		Shade		
PAN#:	Due Date:	Temp		
Case Tracking	Scan / Impression	Final		
Pre-Design	Final Design			
Abutment Sent	Scan Sent to Atlantis		aul Ro	
Waxup Scan	Label	1	ental Laboratory try meets CAD/CAM precision	
Clinic Name: Doctor Name: Patient Last Name: Patient First Name: Sent Date:				
Due Date: Min. Two Weeks Requested				
Teeth#: Implant Brand □ Straumann □ Astra Tech □ Nobel Biocare □ Other Connection Size:				
Planning & Surgical Digital Diagnostic Wax I Radiographic Appliance Guided Surgery Plannir Surgical Guide for Fully	Jp for CBCT		ENCLOSED Digital Impression Bite Registeration DICOM File Patient Photo Daignostic Waxup	
203 - 3991 Henning Dr. Burnaby, BC, V5C 6N5 Phone : (604) 432 - 7455 Fax : (604) 438 - 7455				

Business Hour: Monday to Friday - 9am to 6pm

 $\underline{\textbf{Website}} : www.paulrodentallab.com \mid \underline{\textbf{Email}} : info@paulrodentallab.com$

Restoration 7	Гуре
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Screw Retain	ed Type
	/Custom Ti-Abutment
Cement Retair	ned Type
Abutment: Titanium Titanium w/Gold Hue	e 🗌 Zirconia w/Ti-Base 🔲 Full Zirconia
Crown: ☐ Zirconia ☐ E.Max (Lithium Disilicate)	☐ Full Gold ☐ CoCr PFM ☐ Provision
Crown & Bridg	e Design
Centric Contact: ☐ Positive ☐ Foil Relie	ef (# of Foils) ☐ Cusp / Fossa
Pontic Design: Ovate Depth (mm)	☐ Modified Ridge Lap ☐ Buccal Lap
Instructions	
SPECIAL INSTRUCTIONS:	Call Doctor to Discuss
	☐ Send More Rx
	☐ Send More Bags
Shade:	
Incisal	
Middle	
Cervical	
	Year Warranty
Stump Shade:	Todi vvailality

Doctors' Signature