


LAB USE ONLY

STN#:		Shade	
PAN#:		Temp	
Due Date:		Final	
Case Tracking	Scan / Impression		
Pre-Design	Final Design		
Abutment Sent	Scan Sent to Atlantis		
Waxup Scan	Label		



Restoration Type

Screw Retained Type

- Zirconia Crown w/Ti-Base Zirconia Crown w/Custom Ti-Abutment Provisional Crown

Cement Retained Type

- Abutment: Titanium Titanium w/Gold Hue Zirconia w/Ti-Base Full Zirconia

- Crown: Zirconia E.Max (Lithium Disilicate) Full Gold CoCr PFM Provisional

Crown & Bridge Design

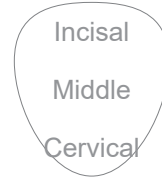
- Centric Contact: Positive Foil Relief (# of Foils____) Cusp / Fossa
 Pontic Design: Ovate Depth (____ mm) Modified Ridge Lap Buccal Lap

Instructions

SPECIAL INSTRUCTIONS:

- Call Doctor to Discuss
 Send More Rx
 Send More Bags

Shade:



Stump Shade: _____



Doctors' Signature

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 Guide

- Digital Diagnostic Wax Up
 Radiographic Appliance for CBCT
 Guided Surgery Planning
 Surgical Guide for Fully Guided Surgery

ENCLOSED

- Digital Impression
 Bite Registration
 DICOM File
 Patient Photo
 Diagnostic Waxup

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