

Dr. Name _____ Phone # _____

Account# _____ Patient Name _____

Location _____ Deliver by 5 pm on _____

Enclosed with Case:

Impression Models Bite Photos Other _____

 (678)-736-6153

R_x

UPPER LOWER
 FULL ARCH PARTIAL ARCH

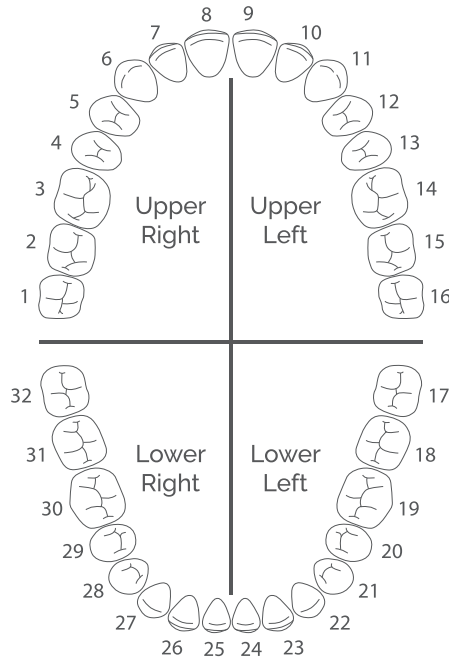
IMPLANT SYSTEM _____

Abutments Emergence Profile



Access Holes on Facial

- Call Doctor
- No Call Needed
- Provide Angle Correcting Abutments. (Extra Charge Applies)



Lab Code:

Select Implant Prosthesis

- 316 Elite Titanium Abutment / Zirconia Crown / Screw Ret
- 301 Custom Milled Titanium Bar
- 861 Set Teeth Back on Bar in Wax
- 350 Full Contour Zirconia Implant Prosthesis (Stain and Glaze Gingiva)
- 351 Full Contour Zirconia Implant Prosthesis (Gingiva Cutback)
- 352 Layered Zirconia Implant Prosthesis
- 354 Elite Zirconia Hybrid
- 360 Pre - Surgical Milled PMMA
- 361 Printed Bite Registration
- 362 Printed Surgical Guide
- 312 Pre Zirconia Denture Setup
- 311 PMMA Implant Provisional (Precision - Milled PMMA with Tooth and Gingival Layered Tissue)
- 841 Hard/Soft Night Guard
- Copy intaglio of Temporary
- Copy intaglio of Model

Signature _____

License# _____