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Patient Name (Please Print)

Last

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Due Date (Day BEFORE the Patient's Appointment)

	/		/		:		AM PM
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Tooth #

☐ Single ☐ Bridge

☐ **Multilayer Zirconia (1100MPa)**

☐ **Emax (400MPa)**

PFM

☐ NP ☐ SP ☐ WHN ☐ Try-in

Full Metal

☐ NP ☐ SP ☐ Yellow gold

Special Instruction

Call me, I would like to speak to _____.

If there is not enough occlusal clearance

- ☐ Reduce Opposing ☐ Call to discuss
☐ Reduce Abutment/Prep

First

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Practice Name

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Dr.Name

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Implant

Implant Part

- ☐ **Atlantis (Life Time Warranty)**
☐ **Solidex (Life Time Warranty)**
☐ Original

Implant Crown Type

- ☐ **Screw Retained** ☐ Cement Retained
☐ Cementable Crown with Screw Access

Abutment Type

- ☐ Titanium ☐ Zirconia ☐ UCLA ☐ Stock

Occlusal Contact

(0.003 Tin Foil Relief)

- ☐ Tight (0 Layer) ☐ Light (1 Layer) ☐ Out of Contact (2 Layer)

Occlusal Stain

- ☐ None ☐ **Light** ☐ Medium ☐ Dark

SHADE



Stump _____ Final _____

- ☐ Custom ☐ Call ☐ E-Mail ☐ Old Crown

Signature _____

License # _____

Address _____

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