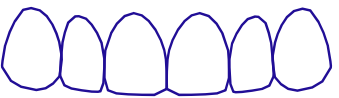


<p>Teeth To Be Restored</p> <p>UPPER: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LOWER: 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17</p>  <p>Cervical _____ Body _____ Incisal _____</p> <p>Custom Shade In-Lab ___ In Dr. Office ___ Photo ___</p>	<p>Crown Over Stock Abutment</p> <p><input type="radio"/> PFM Semi-Precious <input type="radio"/> FCZ (Full Contour Zircornia) <input type="radio"/> PFZ (Porcelain Fused to Zircornia) <input type="radio"/> IPS e.max Stained</p> <p>Screw Retained Type</p> <p><input type="radio"/> PFM Noble w/Plastic UCLA <input type="radio"/> PFM Nobel w/Gold UCLA <input type="radio"/> FCZ (Full Crown Zircornia) w/Ti Base <input type="radio"/> IPS e.max w/ Ti Base</p>															
<p>Implant Brand</p> <p><input type="radio"/> 3i <input type="radio"/> Ankylos <input type="radio"/> Astratech <input type="radio"/> Atlantis <input type="radio"/> Neoss <input type="radio"/> BioHorizons <input type="radio"/> Camlog <input type="radio"/> Hiossen <input type="radio"/> Nobel Biocare <input type="radio"/> Straumann <input type="radio"/> Zimmer <input type="radio"/> Other _____ <input type="radio"/> Use Brand Compatible or Equivalent Parts</p> <p>Abutment Type</p> <p><input type="radio"/> Stock <input type="radio"/> UCLA <input type="radio"/> Custom → <input type="radio"/> Ti or <input type="radio"/> Zircornia</p>	<p>Implant Parts: Lab Dr.</p> <p>Impression Coping _____ _____ Lab Analog _____ _____ Burn Out Coping _____ _____ Abutments _____ _____ UCLA Abutments _____ _____</p> <p>Margin Depth</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Margin</th> <th style="text-align: left;">Dr. Specified</th> <th style="text-align: left;">Default</th> </tr> </thead> <tbody> <tr> <td>Buccal</td> <td>_____</td> <td>1mm SubGingival</td> </tr> <tr> <td>Distal</td> <td>_____</td> <td>0.75mm SubGingival</td> </tr> <tr> <td>Mesial</td> <td>_____</td> <td>0.75mm SubGingival</td> </tr> <tr> <td>Lingual</td> <td>_____</td> <td>0.5 mm SubGigival</td> </tr> </tbody> </table>	Margin	Dr. Specified	Default	Buccal	_____	1mm SubGingival	Distal	_____	0.75mm SubGingival	Mesial	_____	0.75mm SubGingival	Lingual	_____	0.5 mm SubGigival
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<p>Other Products</p> <p><input type="radio"/> Ti Bar <input type="radio"/> Fixed Ti Bridge <input type="radio"/> CT Surgical Guide <input type="radio"/> Diagnostic Wax-Up <input type="radio"/> Hybrid Implant Over Denture</p> <p>Occlusion & Contour</p> <p>Occlusion Embrasures <input type="radio"/> Touching <input type="radio"/> Closed <input type="radio"/> Slightly <input type="radio"/> Open <input type="radio"/> Open by _____mm</p> <p>Proximal Contact</p> <p><input type="radio"/> Normal <input type="radio"/> Broad/Wide <input type="radio"/> Tight</p> <p>Provisional</p> <p><input type="radio"/> CAD PMMA w/Temp Abutment</p>	<p>Restoration Type</p> <p><input type="radio"/> Cement Retained <input type="radio"/> Screw Retained <input type="radio"/> Provisional</p> <p>Metal Lingual Design</p> <p><input type="radio"/> Full <input type="radio"/> 3/4 <input type="radio"/> 1/2</p> <p>Metal Occlusal Design</p> <p><input type="radio"/> Full <input type="radio"/> 3/4 <input type="radio"/> 1/2 <input type="radio"/> Island</p> <p>If No Occlusal Clearance</p> <p><input type="radio"/> Please Call <input type="radio"/> Reduction Coping <input type="radio"/> Reduce Opposing</p>															
<p>_____ SIGNATURE OF DENTIST DENTIST LICENCSE NO. The person signing this authorization accepts sole responsibility for full payment, all legal fees and collection costs.</p>																
<p>Items With Case</p> <p><input type="radio"/> Impression <input type="radio"/> Opposing Model <input type="radio"/> Bite <input type="radio"/> Facebow Record</p>	<p><input type="radio"/> Master Model <input type="radio"/> Study Model <input type="radio"/> Articulator _____</p>															