Dr.:_____ Phone _____

Patient : _____ Dr. Acc.# _____

DUE DATE : _____ Sent Date : _____

INFINIA DENTAL LAB

301-321-7129 infiniatechinfo@gmail.com 20410 Century Blvd., Suite 240, Germantown, MD 20874

LAB USE ONLY

TEETH NUMBER *(Circle)*

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

◯ CROWN / BRIDGE

ALL-CERAMIC	PFM	FULL CAST CROWN
❑ Cut - Back ❑ Layered ❑ Monolithic Write Material Type	❑ Non Precious ❑ Semi Precious ❑ High Noble	❑ 2% Gold ❑ 50% Gold ❑ 80% Gold

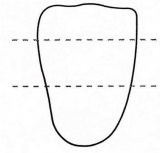
MARGIN DESIGN	IF INSUFFICIENT ROOM	Shade	Stump Shade
❑ Butt Margin ❑ Metal Lingual Collar ❑ 360° Metal Collar	❑ Reduce Opposing ❑ Reduction Coping ❑ Metal Occlusal / Island ❑ Please Call	❑ Photo	

◯ IMPLANT (☐ OEM ☐ Third-Party)

ABUTMENT MATERIAL	ABUTMENT EMERGENCE PROFILE
◯ *Screw Retained* ◯ *Cement Retained* ◯ *Screwmentable* →  Crown with Hole & Custom Abutment ❑ 1 PIECE ❑ 2 PIECES	 ☐ Full Anatomical Dimension ☐ Contour Soft Tissue ☐ No Tissue Displacement

❑ **Send Back for Die Trim** ❑ **Make Implant Repositioning Jig** ❑ **PUTTY ABUTMENT**

Dr's Note



Dr. Signature **License #**