Titanium Dental Laboratory

Date: _____

Doctor:_____
License:_____
Address: _____
_____
Phone:_____

Titanium Dental LLC

262-278-4475

Patient Name:_____

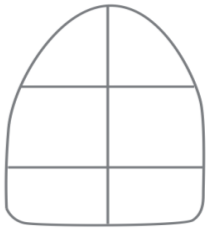
Tooth#_____

Shade:_____

Return Date:_____

(Office Use)

Indicate characterization-gingival shade, incisal shade, apical extent of each shade, translucent areas and surface texture.



Restorations: (Please Check)
___ Cercon HT (Full Contour Zirconia 1200 MPa)
___ Cercon XTML(Esthetic Full Contour Zirconia 750 MPa)
___ Layered Zirconia (Cercon HT Substructure)
___ IPS Emax
___ GC Initial LiSi Press
___ Dentsply Sirona Celtra Duo
___ PFM ___
___ FGC ___ .55Au___.2Au
___ PMMA(TEMP)
___ Diagnostic Wax-up
___ Immediate Denture Tooth Shade_____
___ Treatment Partial
___ Custom Tray
___ Verification Jig
___ Surgical Guide
___ Locator Overdenture
___ Conus Overdenture
___ All On X(screw retained full arch)
___ Full Arch Prototype
___ Bite Splint

Implants:
Brand:_____ Size:_____
____Screw Retained ____ Cementable Crown
____Screwmentable ___Cement in Lab
____Doctor will cement

Abutment Type:
___ Custom Titanium Abutment (Atlantis)
___ Gold Hue
___ ASA (Angled Screw Access)
___ Zirconia
___ Custom Cast Abutment
___ Atlantis Crown Abutment (Ti)(Co Cr)

Implant Components Sent With Case:
___Replica
___Abutment
___Impression Coping

____Call Doctor

____Return for die trim

Photos emailed___(tilab2442@gmail.com) Shade of Underlying Prep:_____

Instructions:

Signature:_____