



ZUB DENTAL LAB

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Sun City, AZ 85351

Date: \_\_\_\_\_

*Office Info*

Dr. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_

*Patient Info*

Patient Name: \_\_\_\_\_  
Tooth#: \_\_\_\_\_ Shade: \_\_\_\_\_  
Date Due: \_\_\_\_\_



*Restoration Info*

- Full Contour
- Veneer
- Bridge
- Layered
- Implant
- Zirconia
- E-Max
- Gold
- Diagnostic Wax-Up
- Nightguard (Soft/Hard)
- Custom Ti abutment (OEM)
- Custom Ti abutment (Non-OEM)

Dr. Signature: \_\_\_\_\_  
License: \_\_\_\_\_