






TOPDENTLAB

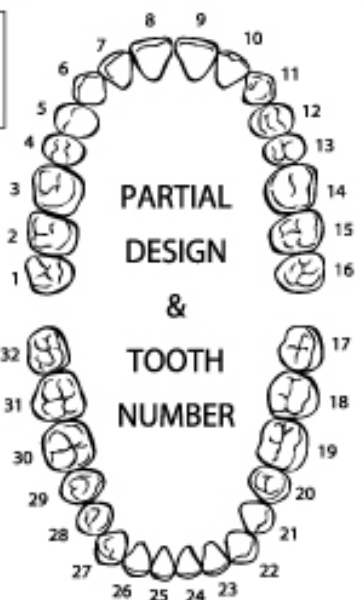
Dr. _____ Phone _____

Patient : _____ / _____ Male Female
(FIRST) (LAST)

DUE DATE (by 5PM) _____ Rx Date : _____

| CROWN / BRIDGE | IMPLANT | REMOVABLE |
|---|--|---|
| ALL CERAMIC <input type="checkbox"/> Solid Zirconia <input type="checkbox"/> KATANA <input type="checkbox"/> PFZ (Porcelain Fused to Zirconia) <input type="checkbox"/> e.max Posterior <input type="checkbox"/> e.max Anterior Aesthetics <input type="checkbox"/> e.max Veneer ALLOY BASED <input type="checkbox"/> PFM <input type="checkbox"/> Full Metal CHOOSE ALLOY <input type="checkbox"/> Non-Precious <input type="checkbox"/> Semi-Precious <input type="checkbox"/> High Noble White <input type="checkbox"/> High Noble Yellow OTHER <input type="checkbox"/> Diagnostic Wax-Up <input type="checkbox"/> Fit to Partial <input type="checkbox"/> Temporary Crown <input type="checkbox"/> Other _____ TYPE OF MARGIN <input type="checkbox"/> Porcelain Facial Margin <input type="checkbox"/> Metal Lingual Band <input type="checkbox"/> Porcelain Margin 360° <input type="checkbox"/> Metal Margin 360° | ABUTMENT TYPE <input type="checkbox"/> Custom Titanium <input type="checkbox"/> Custom Zirconia <input type="checkbox"/> UCLA <input type="checkbox"/> Stock Abutment RETENSION CHOICE <input type="checkbox"/> ONE-PIECE Screw-Retained <input type="checkbox"/> TWO-PIECE Cement-Retained <input type="checkbox"/> No Access Hole-Not Retrievable <input type="checkbox"/> Access Hole-Retrievalable ADDITIONAL OPTION <input type="checkbox"/> Abutment Seating Jig <input type="checkbox"/> Gold-Hue Abutment <input type="checkbox"/> Splint Restorations implant System : _____ Implant Platform Size _____ Abutment Emergence Profile    Surgical Placement Tissue Displacement No Tissue Displacement | <input type="checkbox"/> FULL DENTURE <input type="radio"/> Upper <input type="radio"/> Lower <input type="checkbox"/> PARTIAL DENTURE <input type="radio"/> Upper <input type="radio"/> Lower <input type="radio"/> Acrylic <input type="radio"/> Flexible <input type="checkbox"/> STAGE <input type="radio"/> Try In <input type="radio"/> Finish <input type="checkbox"/> FRAME WORK <input type="radio"/> Regular <input type="radio"/> Vitallium <input type="checkbox"/> NIGHTGUARDS <input type="radio"/> Hard <input type="radio"/> Hard / Soft <input type="radio"/> Therman TEETH TYPE <input type="checkbox"/> Regular <input type="checkbox"/> Premium OTHER <input type="checkbox"/> Stayplate <input type="checkbox"/> Reline <input type="checkbox"/> Repair |

OCCLUSAL CONTACT
 In Occlusion Out of Occlusion Light Occlusion



Dr's Signature _____ Lic. # _____