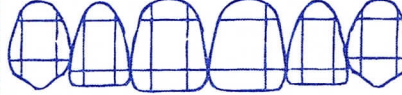


**INFORMATION**

Practice \_\_\_\_\_  
 Patient \_\_\_\_\_  
 Age \_\_\_\_\_ Male  Female   
 Rx Date \_\_\_\_\_ Due Date \_\_\_\_\_

**SHADE INSTRUCTIONS**

Shade \_\_\_\_\_  
 \_\_\_\_\_  
 Stump Shade \_\_\_\_\_



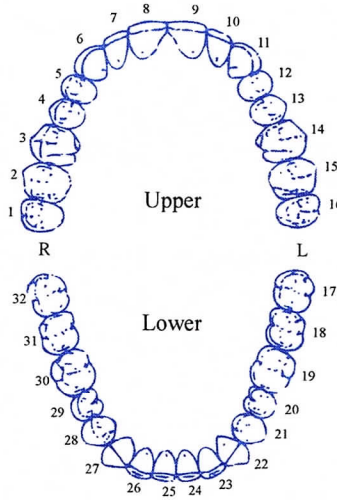
**DESCRIPTION**

- PVC
- Zirconia
- Empress
- Full Cast
- E. max
- Bio Temps

**IMPLANT**

- Custom Ti Abutment
- Custom Zirconia Abutment
- Screw-Retained
- Cement-Retained

**PONTIC DESIGNS**



**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
*Dr. Signature*

\_\_\_\_\_  
*License #*

\_\_\_\_\_  
*Dr. Address*