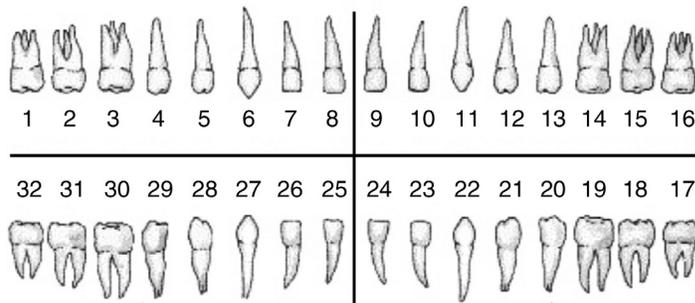


RESTORATIVE Rx

Rx DATE: _____ PATIENT APPT.: _____
 PHONE: _____ CONTACT: _____
 DOCTOR NAME: _____
 PATIENT NAME: _____ AGE: _____ SEX: _____
 All fields must be completed. Incomplete lab slips may result in delayed return.

TEETH #
 - CIRCLE SINGLE UNITS
 - BRACKET SPLINTED/BRIDGES



SHADE (VITA CLASSIC PREFERRED): _____ IMAGE SENT: YES NO
 Image recommended for anterior restorations. Send to: support@techsourcedental.com.

DESIGN INSTRUCTIONS: _____
 Slightly out of occlusal contact is standard, if not specified.

VALUE:

- TFZ VALUE
- PMMA PROVISIONAL
- Ti BASE SCREW-RETAINED CROWN TFZ VALUE

IDEAL:

- TFZ IDEAL
- TZ³ ULTRA
- Ti BASE SCREW-RETAINED CROWN TFZ IDEAL

PREMIER:

- PORCELAIN OVER ZIRCONIA
- LAVA™ ESTHETIC
- E.MAX® CROWN

CUSTOM ABUTMENTS

IMPLANT PLATFORM: _____ SIZE: _____
 If multiple units, please specify each.

ABUTMENT MATERIAL: ZIRCONIA TITANIUM GOLD-SHADED TITANIUM

ABUTMENT TYPE: ATLANTIS BIOHORIZONS BIOMET-ZIMMER
 NOBEL STRAUMANN OTHER: _____

SCREW-RETAINED CEMENT-RETAINED

DOCTOR'S SIGNATURE: _____ LICENSE NO.: _____

ALL COMPONENTS MUST BE SENT WITH CASE.

Closed Tray: Implant replica & implant transfer | **Open Tray:** Guide pin, implant pickup, & implant replica