

RESTORATIVE Rx

Rx DATE: _____ PATIENT APPT.: _____

PHONE: _____ CONTACT: _____

DOCTOR NAME: _____

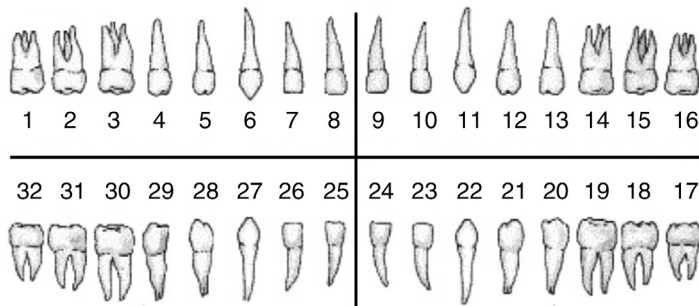
PATIENT NAME: _____ AGE: _____ SEX: _____

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