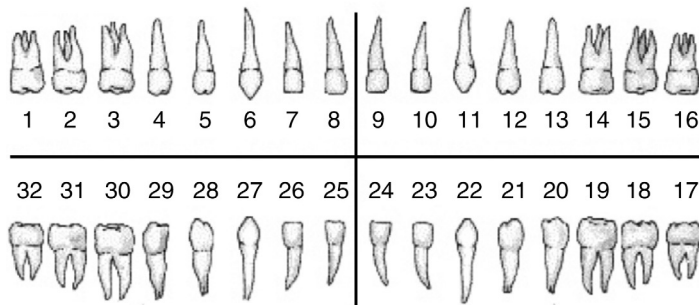


### RESTORATIVE Rx

Rx DATE: \_\_\_\_\_ DUE 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): \_\_\_\_\_ PHOTO SENT:  YES  NO  
 Image recommended for anterior restorations. Send to: support@techsourcedental.com.

ADJACENT TEETH:  Translucent  Opaque  High Value  Low Value

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

- |  |  |   |
|--|--|---|
| <p><b>VALUE:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> TFZ VALUE</li> <li><input type="checkbox"/> PMMA PROVISIONAL</li> <li><input type="checkbox"/> SCREW-RETAINED CROWN<br/>TFZ VALUE ON STOCK Ti BASE</li> <li><input type="checkbox"/> PROVISIONAL</li> </ul> | <p><b>IDEAL:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> TFZ IDEAL</li> <li><input type="checkbox"/> TZ<sup>3</sup> ULTRA</li> <li><input type="checkbox"/> SCREW-RETAINED CROWN<br/>TFZ IDEAL ON STOCK Ti BASE</li> </ul> | <p><b>PREMIER:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PORCELAIN OVER ZIRCONIA</li> <li><input type="checkbox"/> LAVA™ ESTHETIC</li> <li><input type="checkbox"/> E.MAX® CROWN</li> </ul> |
|--|--|---|

### 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