

Doctor			
Patient	Last Name:	First Name:	
Date	Sent:	Required:	12 PM / 6 PM



Tooth Number: _____

- Express Service Digital Impression Shade Matching Face scanning

Restoration Type:

- Inlay Onlay Crown Bridge Veneer Temporary Maryland Bridge
 e.max CAD e.max Press e.max layered PMMA
 Zirconia Zirconia layered Hybrid Ceramics (e.g. LAVA Ultimate)

Implant Prosthesis: Implant System: _____ Platform: _____

Single or Short Span units

- Zr Abutment on TiBase Ti Abutment
 Temporary Crown / Bridge Full Contour Zr Crown / Bridge on TiBase
 Procera ASC / FCZ

Full Arch Prostheses

- Nexus Hybrid Bridge** with Acrylic Superstructure Zr Superstructure
 Ti Framework + Acrylic Teeth
 Full Contour Zr Bridge on TiBases
 Pekkton Framework with Acrylic Teeth Zr Crowns e.max Crowns
 Procera Implant Bridge RODO (Smileloc)
 Immediate temporary bridge

Implant Surgical Guide:

- Model Scanning Surgical Guide Surgical Guide Planning

Miscellaneous:

- Diagnostic Wax-up Printed 3D Model Face scan integration
 Special Tray (U / L) Whitening Tray (U / L)
 Sport Guard Night Guard Essix Appliance Occlusal Splint

Basic Shade Stump Shade

e.max Translucency HT MT LT

IP Contacts Tight Light

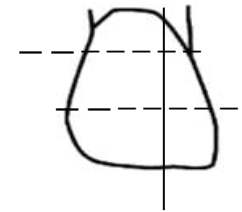
Occlusal Contacts Tight Light None

Interdental Space Closed Open

Lab's Copy

Instructions:

Characterisation:



Occlusal Stain:

- Heavy
 Light
 None

Pontic Design:

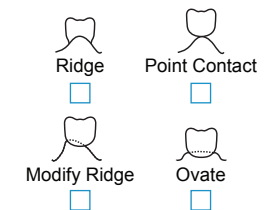


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 eLAB photos Enclosed: _____