

- 1) Dr. Name: _____
- 2) Patient Name: _____
- 3) Return Date: _____
- 4) Tooth #(s): _____
- 5) Shade: _____
- 6) Stump Shade: _____
- 7) Crown Type/Material: _____
- 8) Physical Bite - Multiple Units: _____

- * Implant Type - Size: _____
- Abutment 1) Material: _____
2) Margin Preferences: B ___ L ___
- * One Piece Screw Retained or Screwmentable _____

Notes/Info - Special Instructions:

Examples: Hand written RX to follow - Traditional impression taken also - Please design for future partial - etc.

If you're unsure what to include, Call 541.779 .6503 and ask for Tom

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