



A+ Precision Dental Lab

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Doctor / Office: _____

Patient Name: _____

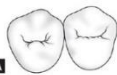




For Lab Use Only

Date In: _____

Pan # _____

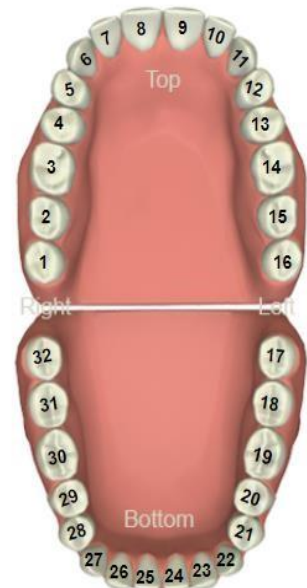
Initials _____

Date / / Due Date / /

Tooth #'s	Shade	Contact Preference	Case Info
Zirconia Crown _____	Cemented Zirc. On Abutment _____	Interproximal   Pinpoint Broad/Extended	If Not Enough Occlusal Space Adjust Prep & Send Coping _____ Adjust Opposing & Mark _____ Call Doctor To Discuss _____ Phone # _____
EMAX Crown _____	Screw Retained Zirc On Ti Base _____		
PFM Crown _____	Metal Try-in _____	Occlusal    Heavy Light Out Of	
Full Cast Crown _____	Type Of Metal		
Veneer _____	Base _____ White Gold _____		
Layered Zirc. _____	Noble _____ Yellow Gold _____		
	High Noble _____		

Other
Diagnostic Wax Up _____
Temp PMMA _____
Titanium Custom Abutment _____
Zirc Inlay/Onlay _____
Porc. Margin 360* _____
Porc. Margin 180* _____

Implant Information
Implant Brand _____
Implant Size _____
Ref # _____



Doctors Signature _____

Lic. # _____