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Doctor/Office: _____

Patient Name: _____

Date: / / Due Date: / /

Tooth Shade _____ Immediate

Tissue Shade _____ Removing #'s _____

For Lab Use Only

Date In: _____

Pan # _____

Initials _____

Restoration For

- Upper
- Lower
- Setup For Try In
- Straight To Process
- Process & Finish
- Reset Retry
- Reset Process
- Transfer Setup To Bar

For Parts Ordering

- Locator Abutment (Stock)
Brand _____ Size _____ Cuff Ht. _____ How Many _____
- Locator Housing W/Insert How Many _____
- Temporary Cylinder/Abutment
Brand _____ Size _____ How Many _____
- Custom Milled Titanium Bar For Wrap Around Style All On 4
Brand _____ How Many Sites _____
- ERA Housing W/Insert How Many _____
- Implant Analog
Type _____ Brand _____ Size _____ How Many _____

Miscellaneous

- Clear Acrylic Surgical Guide
- AVS Stent (Jig)
- Clear Acrylic Bt. Guide
- Tissue Model
- Fiber Reinforcement
- Extra Final Screw
- Implant Restoration Study
- Models & Restorative
Plan For Doctor Patient
Consult

Restoration Type

- Implant Denture W/ Locators
Brand _____ How Many Sites _____
- All On 4 Implant Denture W/ Bar
Brand _____ More Than 4 _____
- Fixed Full Zirconia Restoration
Brand _____ How Many Sites _____
- Lab Processed Temp All On 4 On Cylinders
- ERA Partial W/ Cast Frame
- Immediate Denture for All On 4 Conversion
With Bt. Guide & Surgical Stent
Brand _____ How Many Sites _____

Special Instructions

Rx

Doctors Signature _____ Lic. # _____

