Ceramic and Implant Design

Dentist _____ Surgery _____

Patient _____ Phone _____

Job Description _____

☐ - FGC ☐ - PFG ☐ - Zr ☐ - Zr (Monolythic) ☐ - e.max

Shade _____ Stump shade _____

Please email shade images to shades@ceramicandimplantdesign.com

Try-in date _____ Time _____

Finish date _____ Time _____

Instructions

Items included:

Impressions - Upper ☐ Lower ☐

Study models - Upper ☐ Lower ☐

Bite record /MMR ☐

Implant Replica(s) _____ ☐

Implant components

_____

_____

_____

Other items

_____

_____

_____

Ceramic and Implant Design

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