



Lab/DR: _____
 Address: _____
 Phone: _____

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 Address: _____
 Phone: _____

Today's Date: _____ Return Date: _____
 Patient Name/Case #: _____

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 Patient Name/Case #: _____

Fusion Zirconia:
 _____ BASIC (basic stain/glaze)
 _____ ADVANCED (shade characterizat0n)
 _____ EXPERT (stacked porcelain)
Fusion-One
SHADE: _____
SHADE: _____

Fusion Zirconia:
 _____ BASIC (basic stain/glaze)
 _____ ADVANCED (shade characterizat0n)
 _____ EXPERT (stacked porcelain)
Fusion-One
SHADE: _____
SHADE: _____

Custom Abutment:
 Implant Type/Size: _____
 Facial Margin: _____
 Proximal Margins: _____
 Lingual Margin: _____
 Acrylic Temporary
 Contour Soft Tissue (default)
 Support Soft Tissue
 No Tissue Displacement

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 Implant Type/Size: _____
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Instructions: _____
 TOOTH #(s): _____
 Signature: _____

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 Signature: _____