

Doctor _____ Patient Name _____ DOB _____ Sex M / F

Street/Suite# _____ City/State/Zip _____

Office Name _____ Email _____ Phone _____

Digital Dentures

- Premium Ivotion Milled Denture
- 3D Printed Denture
- Monolithic Try-In

Surgical Guide

- Surgical Guide
- Digital Treatment Plan & Guide Design Only (self-print)

All-on-X

- Zirconia Final Restoration
 - Milled PMMA
 - 3D Printed Nano Ceramic
 - Full Surgery Package
- *Email or Call for Information

Crown and Bridge

- Zirconia Crown (Full Strength)
- Zirconia Crown (Aesthetic)
- Zirconia Implant Crown
- Zirconia Screw Retained Crown
- 3D Printed Nanoceramic Crown
- Temp Crown

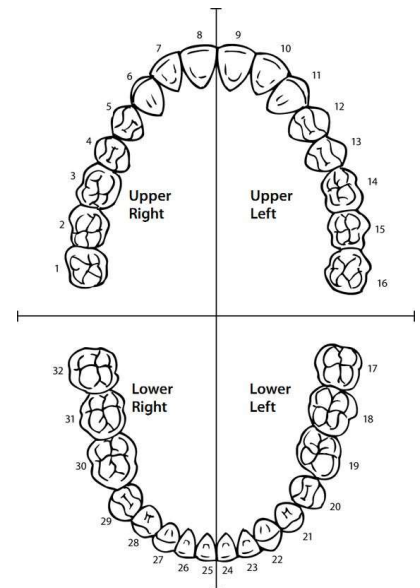
Miscellaneous

- Bite Splint (hard)
- Nightguard (soft)
- Sleep Apnea Appliance
- Printed Model
- Custom Printed Tray
- Bleaching Tray

Please include tooth numbers



- Full Upper
- Full Lower



Complete Relevant Information



Please include with case submission

- CBCT
- Intra-Oral Scans
- or
- Models
- Bite Registration

Tooth Shade

Gum Shade

Implant System

Special Instructions _____

Doctor Signature _____