

Chart No.: \_\_\_\_\_

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**IOS Information**

- 3 Shape \_\_\_\_\_
- Medit \_\_\_\_\_
- ITero \_\_\_\_\_
- Cerec \_\_\_\_\_



**REQUIRED INFORMATION**

**NAME** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **Email** \_\_\_\_\_

**PATIENT NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **GENDER**  M  F

TEETH NUMBER (Check Box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DELIVERY DATE**  
/ /

**CONTACT**  T  
 M  
 L

**OCC.BITE**  T  
 M  
 L

**OCC.STAIN**  YES  
 NO

**IMPLANT & ZIRCONIA / ALL CERAMIC**

**ZIRCONIA / ALL CERAMIC**

- Cement Retained Crown
- Zirconia Solid
- Zirconia Layered
- Screw Retained Crown
- IPS e. max

**SHADE**

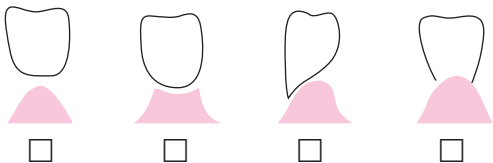
\_\_\_\_\_

**CUSTOM IMPLANT ABUTMENT**

Type \_\_\_\_\_

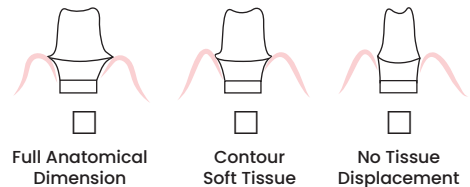
Size \_\_\_\_\_

**PONTIC DESIGN (Check Box)**



**ABUTMENT EMERGENCE PROFILE**

- Design**
- 0.5mm
  - 1mm



**RX SPECIFIC INSTRUCTION**

**DOCTOR'S SIGNATURE** \_\_\_\_\_

**Lic.#** \_\_\_\_\_