



Dr. Name: _____ Address: _____ Phone #: _____

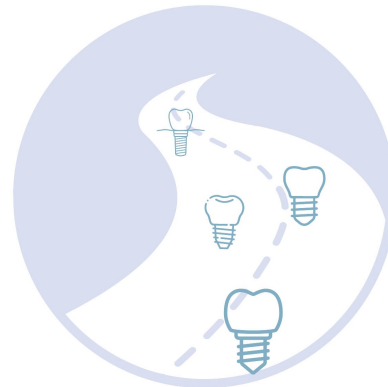
Pt. Name: _____ **Due Date:** _____ Today's Date: _____

TOOTH / SHADE

_____ / _____.

RX SPECIFIC INSTRUCTIONS REGARDING THIS CASE

CALL DR REGARDING THIS CASE:

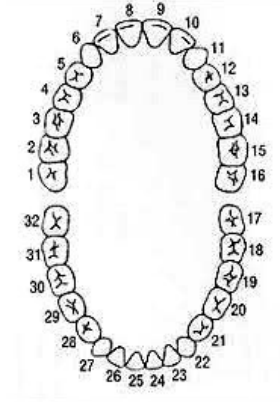


Implant Avenue Dental ◆
Precision, Quality, Speed

1329 N Main St Wheaton IL, 60187
630.796.5424 ray.implantavenue@gmail.com
www.implantavenuedentallab.com

Enclosed with case

- ☐ Impressions
- ☐ Models
- ☐ Bite
- ☐ Photos
- ☐ Analog
- ☐ Abutment
- ☐ Impression Post



PLEASE CHECK APPLICABLE BOX BELOW

USE ONLY OEM IMPLANT COMPONENTS

USE FDA APPROVED IMPLANT COMPONENTS

CEMENTABLE CASE

SCREWMENTABLE CASE

SCREWRETAINED CASE

NORMAL INTERPROX. CONTACT

TIGHT INTERPROX. CONTACT

LIGHT OCCLUSAL CONTACT

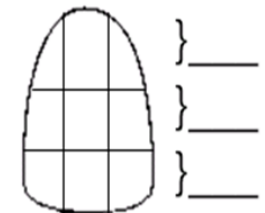
NORMAL OCCLUSAL CONTACT

OPEN OCCLUSAL CONTACT

METAL COLLAR (____mm) BUC. LING. Or 360°

PORCELAIN BUT MARGINS TOOTH # _____.

Shade Characterization:



For the **All on-X & Overdenture** workflow, materials, chairside conversion, please call us.

ZIRC / ALL - CERAMIC	PORCELAIN FUSED/METAL	CUSTOM ABATMENTS	SCREW RETAINED	PMMA/ACRYLICS
HT ML ZIRCONIA CROWN	NON PRECIOUS <u>CROWN / BRIDGE</u>	TITANIUM CUSTOM ABUTMENT	HTML ZIRCONIA IMPLANT CROWN	PROVISIONAL CR/BRIDGE
HT ML ZIRCONIA BRIDGE	SEMI PRECIOUS <u>CROWN / BRIDGE</u>	ZIRCONIA CUSTOM ABUTMENT	HTML ZIRCONIA IMPLANT BRIDGE	DIGITAL DENTURE
PORC. LAYERED ZIRC CROWN	PG <u>CROWN / BRIDGE</u>	ANGLED CUST. ABUTMENT/S / Ti BASE	SP IMPLANT CROWN	IMPLANT TEMP CR / BRIDGE
PORC. LAYERED ZIRC BRIDGE	FULL CAST GOLD YHN 40% Au	NOBEL BIO CARE ASC	SP IMPLANT BRIDGE	NIGHT - GUARD
E MAX CROWN	FULL CAST GOLD YN 2% Au	SCREW RETAINED HT ZIRC. <u>CR / BRIDGE</u>	TITANIUM ABUTMENT + GOLD CROWN 2% / 40%	SURGICAL GUIDE / STENT
E MAX VENEER	FULL CAST SP CROWN (WHITE)	SCREW RETAINED WITH CUSTOM ABUTMENT/S (SCREWMENTABLE)		DIAGNOSTIC WAX-UP
<u>ESTHETIC ZIRCONIA</u>	POST & CORE			CUSTOM TRAY
				MERYLAND BRIDGE
				DIGITAL PARTIAL

(Suitable for single units to roundhouse case with high esthetics)

DOCTOR'S SIGNATURE: _____ **LIC #** _____ :

All balances beyond 30 days are subject to Finance Charge. I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection.

Thank you for choosing our dental lab.