



Dr. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

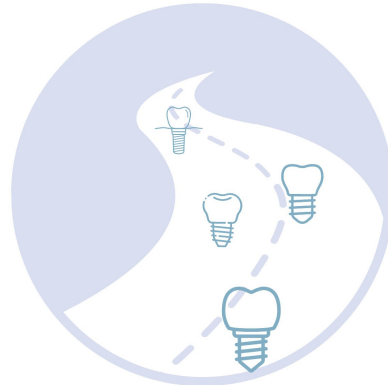
Pt. Name: \_\_\_\_\_ **Due Date:** \_\_\_\_\_ Today's Date: \_\_\_\_\_

**TOOTH / SHADE**

# \_\_\_\_\_ / \_\_\_\_\_.

RX SPECIFIC INSTRUCTIONS REGARDING THIS CASE

CALL DR REGARDING THIS CASE:

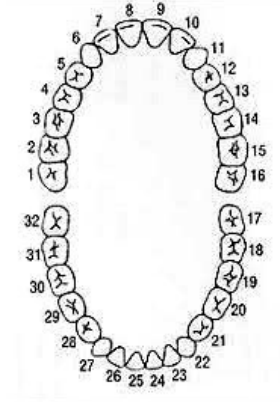


**Implant Avenue Dental** ◆  
*Precision, Quality, Speed*

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 OCCLUSIAL CONTACT

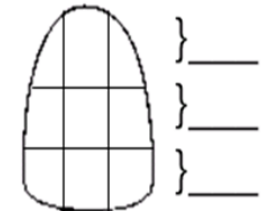
NORMAL OCCLUSIAL CONTACT

OPEN OCCLUSIAL CONTACT

METAL COLLAR (\_\_\_\_mm) BUC. LING. Or 360°

PORCELAIN BUT MARGINS TOOTH# \_\_\_\_\_.

**Shade Characterizations**



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 <b>YHN 40% Au</b>	NOBEL BIOCARE ASC	SP IMPLANT BRIDGE	NIGHT - GUARD
E MAX CROWN	FULL CAST GOLD <b>YN 2% Au</b>	SCREW RETAINED HT ZIRC. <u>CR / BRIDGE</u>	TITANIUM ABUTMENT + GOLD CROWN <b>2% / 40%</b>	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
(Suitable for single units to roundhouse case with high esthetics)				MERYLAND BRIDGE
				DIGITAL PARTIAL

**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.**