

TECHSOURCE DENTAL Rx

PRACTICE NAME: _____

PHONE: _____ CONTACT: _____

PATIENT NAME: _____

DUE DATE: _____

(Allow two weeks for crown; three weeks for crown and abutment)

MONOLITHIC FULL CONTOUR:

- TECHFORM
- LAVA™ PLUS
- LAVA™ ULTIMATE
- E-MAX

PORCELAIN CROWNS:

- TECHFORM
- LAVA™ PLUS

TOOTH #: _____ SHADE (VITA CLASSIC): _____

DESIGN INSTRUCTIONS: _____

(Slightly out of occlusal contact is standard, if not specified)

- IN CONTACT
- OUT OF CONTACT

IMPLANT CUSTOM ABUTMENT (FOR ATLANTIS ONLY)

TOOTH # / IMPLANT BRAND & PLATFORM: _____

- ZIRCONIA
- SHADED ZIRCONIA
- TITANIUM
- GOLD-HUE TITANIUM

HYBRID ABUTMENT

TOOTH # / IMPLANT BRAND & PLATFORM: _____

COMMENTS: _____

REQUIRED INFORMATION:

LICENSE #: _____

DOCTOR SIGNATURE: _____