

**TECHSOURCE DENTAL Rx**

PRACTICE NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

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

**VALUE:**

TFZ VALUE

**IDEAL:**

TFZ IDEAL

TZ<sup>3</sup> ULTRA

**PREMIER:**

PORCELAIN

LAVA™ ULTIMATE

E.MAX® CROWN

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-SHADED TITANIUM

**TECHSOURCE CUSTOM ABUTMENT**

TOOTH # / IMPLANT BRAND & PLATFORM: \_\_\_\_\_

HYBRID

TITANIUM

GOLD-HUE TITANIUM

COMMENTS:

**REQUIRED INFORMATION:**

LICENSE #: \_\_\_\_\_

DOCTOR SIGNATURE: \_\_\_\_\_