



CAD/CAM DOCS

Lab Use
Case Number
.....

Included with Case:

- ____ Impression
____ Bite
____ Implant Parts
____ Other: _____
____ Other: _____

Lab Notes: _____

<input type="checkbox"/> Zirconia	Fixed Restoration
<input type="checkbox"/> Lithium Disilicate	
<input type="checkbox"/> Temporary	
<input type="checkbox"/> Full Cast <input type="radio"/> Yellow <input type="radio"/> White <input type="radio"/> HN <input type="radio"/> N	
<input type="checkbox"/> Screw Retained Crown	
<input type="checkbox"/> Cement Retained Crown	
.....	
	Custom Abutments
<input type="checkbox"/> Titanium	
<input type="checkbox"/> Zirconia	
<input type="checkbox"/> Gold Hue	
.....	
	Removable
<input type="checkbox"/> Digital Denture	
<input type="checkbox"/> Flexible Partial	
<input type="checkbox"/> Night Guard	

Dr. _____
Office: _____
Address: _____

Phone Number: _____
Email: _____
Patient: _____
Gender: _____ Age: _____
Return Date: _____ Time: _____

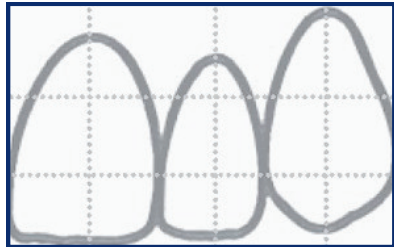
Tooth Number

.....

Shade

Custom Shade at Lab ☐

Prep: _____
Gingival: _____
Body: _____
Incisal: _____



Occlusal Staining: ☐ None ☐ Moderate ☐ Heavy

Glaze: ☐ Low ☐ Medium ☐ High

Occlusal Contacts: ☐ Tight ☐ Light ☐ Open

Contacts: ☐ Tight ☐ Light ☐ Open

Additional Notes:

Signature _____ License # _____