



Guided Prosthetics—Final Restoration

Date: _____ **Due back to DR:** _____ **Shade:** _____

Incomplete Lab slip may delay your case

Restorative Doctor _____ Lic # _____ Phone # _____

Patient: First Name _____ Last Name _____ Age _____ Gender _____

Referring Oral Surgeon: _____

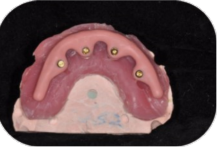
Check box if Prepaid Case. Case #: _____

Ship To :

Practice _____ Ph _____

Address _____

City _____ St _____ Zip _____



UPPER: LOWER:

- Option 1-Denture Teeth & Acrylic**
OEM bar included for *Preferred Partners
- Step 1** (6 business days):
 - Soft Tissue MW & Teeth Try-in
- Step 2**
 - Bar Fabrication & Teeth Try-in (15 business days)
 - Bar Fabrication to Finish (20 business days)
- Step 3**
 - Process & Finish from Bar/Teeth Try-in (5 business days)

UPPER: LOWER:

- Option 2-Nano-Ceramic**
- Step 1** (6 business days):
 - Soft Tissue MW & Teeth Try-in
- Step 2** (24 business days)
 - Nano-Ceramic to Completion

UPPER: LOWER:

- Option 3-Solid Zirconia**
 - A. (No Cutback)
 - B. (with Anterior Cutback)
- Step 1** (6 business days):
 - Soft Tissue MW & Teeth Try-in
- Step 2** (24 business days)
 - Zirconia Full Arch to Completion



UPPER: LOWER:

- Option 4-Pekkton Copymill and Individual Monolithic Multi-Layered Zirconia Crowns**
- Step 1** (6 business days):
 - Soft Tissue MW & Teeth Try-in
- Step 2** (24 business days)
 - Pekkton Copymill w/Crowns to Completion



Special Instructions:

Pay by: Visa MasterCard Amer. Express Discover Card on file
Card # _____ Exp: _____

Signature: _____ OK to keep card on file for future purchases

Email: _____ Fax # _____

Dentist Signature _____

Dear Doctor,

Please return the back of this form when you are ready for the final restoration.

Items to return:

- Clear Duplicate with Temp Copings picked up
- RX Completed (reverse side) with Shade
- Bite
- Opposing
- Analogs/Screws
- Post-Op Photos with LTP in mouth

Thank you,
nSequence