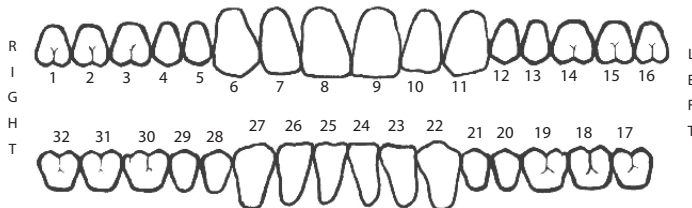


Pan
Route

Doctor _____

Patient _____

Date _____



HAVE MANAGER CALL

SEND INSTRUMENTS

Restoration _____

Due Date

Date
Appt. time
*Note: 5pm unless otherwise specified

IMPLANT MANUFACTURER: _____ SIZE: _____

PLATFORM: _____ REF. NO: _____

ABUTMENT MATERIAL:

- Titanium CAD/CAM
- Gold Hue CAD/CAM
- Titanium Base
- Titanium stock
- Cast
- Zirconia stock*
- Angled Screw CAD/CAM (not available on all platforms)
- Zirconia CAD/CAM*

*NDL recommends anterior only

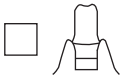
CROWN MATERIAL:

- PFM _____ Metal OCCL
metal type
- FGC _____
metal type
- Zenostar/ZirCAD
- ArgenZ HT+
- Layering to Zirconia
- e.max Press

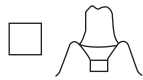
SHADE

SHADE

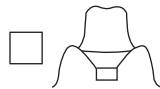
EMERGENCE PROFILE:



Minimal Tissue Flare
No Blanch



Medium Flare
Slight Blanch (default)



Full Flare
Surgical Seat



Ridge Lap
Crown

INTERPROXIMAL EMBRASURES:



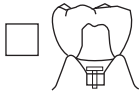
Copy Adjacent Teeth (default)



Fill Black Spaces

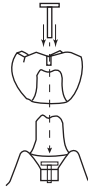
CROWN DESIGN:

Cementable Crown



Any Abutment

NDL Screw Access

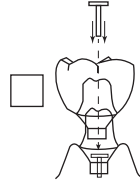


Screw
Access
Only

Bond
In Lab

Titanium CAD, Cast,
or Stock TI Abutment

One Piece



Gold Cast UCLA

CEMENT MARGIN POSITION:

1 mm Deep on Buccal,
.5 Deep on Lingual
(default)

Other _____

BUCCAL-LINGUAL OCCLUSAL TABLE WIDTH:

Copy Adjacent Teeth
(default)

More Full Than Adjacent

2/3 Natural Width

Doctor's Signature

License No.

Doctor's Address

Phone No.

RECEIVED _____
Date

AM PM _____
CSR