INFINIA
DENTAL LAB
19504 Amaranth Dr., Suite D, Germantown, MD 20874
301-305-8932
E-mail:infiniadental@gmail.com

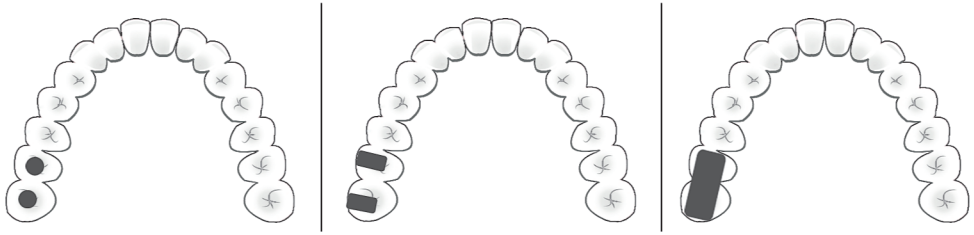
Dr.: _____ Phone _____

Patient : _____ Dr. Acc.# _____

DUE DATE : _____ Sent Date : _____

VACUUM FORMED SURGICAL STENT

- ☐ Vacuum formed Surgical Stent with Hole
- ☐ Buccal Window Stent
- ☐ Occlusal Window Stent



FILL IMPLANT SITE WITH

- ☐ Clear Resin
- ☐ Rediolucent Resin
- ☐ Rediolucent Denture Tooth

- ☐ Alveoplasty Surgical Guide (Immediate Denture Surgical Guide)

3D PRINTED SURGICAL STENT

Implant Company _____ **Implant Size** _____

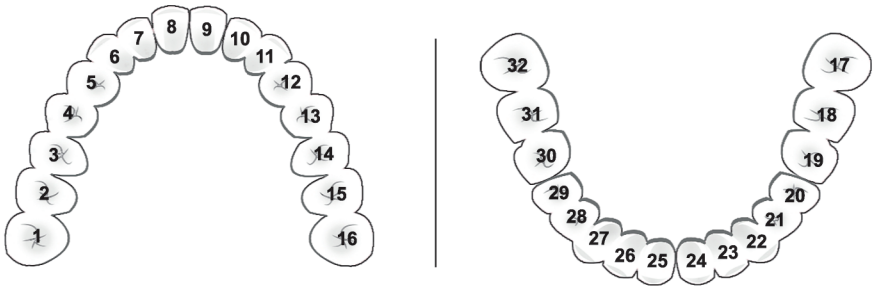
- ☐ Fully Guided Surgical Stent & Implant Treatment Planning
- ☐ Pilot Drill Stent & Implant Treatment Planning

CURED SURGICAL STENT

- ☐ Radiographic Stent
- ☐ Use Radiolucent Denture Teeth
- ☐ Set Teeth for Surgical Stent (Edentulous)
- ☐ Duplicate Existing Denture (Edentulous)

- ☐ FLAPPED
- ☐ FLAPLESS

- ☐ QUADRANT
- ☐ FULL



℞ SPECIFIC INSTRCUTIONS

All Restorations Made in the USA

Dr. Signature **License #**