



INFINIA DENTAL LAB

Dr.: _____ Phone _____

Patient : _____ Dr. Acc.# _____

DUE DATE : _____

Sent Date : _____

301-305-8932

infinatechno@gmail.com

19504 Amaranth Dr., Suite D, Germantown, MD 20874

TEETH NUMBER (Circle)


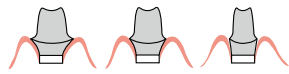
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

LAB USE ONLY

CROWN / BRIDGE

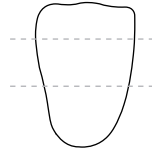
ALL-CERAMIC		PFM		FULL CAST CROWN	
<input type="checkbox"/> Cut - Back	<input type="checkbox"/> Monolithic	<input type="checkbox"/> Non Precious	<input type="checkbox"/> Semi Precious	<input type="checkbox"/> 2% Gold	<input type="checkbox"/> 50% Gold
Write Material Type _____		<input type="checkbox"/> High Noble		<input type="checkbox"/> 80% Gold	
MARGIN DESIGN	IF INSUFFICIENT ROOM	Shade		Stump Shade	
<input type="checkbox"/> Butt Margin	<input type="checkbox"/> Reduce Opposing	<input type="checkbox"/> Photo			
<input type="checkbox"/> Metal Lingual Collar	<input type="checkbox"/> Reduction Coping				
<input type="checkbox"/> 360° Metal Collar	<input type="checkbox"/> Metal Occlusal / Island				
	<input type="checkbox"/> Please Call				

IMPLANT (OEM Third-Party)

ABUTMENT MATERIAL		ABUTMENT EMERGENCE PROFILE		
<input type="radio"/> Screw Retained	 <p>Crown with Hole & Custom Abutment</p>			
<input type="radio"/> Cement Retained		<input type="checkbox"/> Full Anatomical Dimension	<input type="checkbox"/> Contour Soft Tissue	<input type="checkbox"/> No Tissue Displacement
<input type="radio"/> Screwmentable		<input type="checkbox"/> 1 PIECE	<input type="checkbox"/> 2 PIECES	

Send Back for Die Trim Make Implant Repositioning Jig PUTTY ABUTMENT

Dr's Note



Dr. Signature _____

License # _____