

Doctor: _____ Date: _____
Phone: _____ Appointment Date: _____
Patient: _____

RESTORATION TYPE

CAD/CAM Full Contour Zirconia

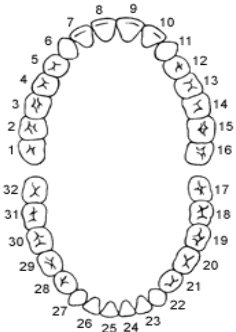
- High Transparency CX
- Extra Strength BZ

Metal

- Full Cast Metal

TOOTH NUMBER(S)

SHADE



Shade (Required with eMax®)



ADDITIONAL FEATURES

INCLUDED WITH CASE

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Survey Crown | <input type="checkbox"/> Implant Crown | <input type="checkbox"/> Impression | <input type="checkbox"/> Bite Registration |
| <input type="checkbox"/> Adapt To Partial | <input type="checkbox"/> Custom Shade | <input type="checkbox"/> Upper/Lower Model | <input type="checkbox"/> Photos/X-rays |

DESIGN AND ADDITIONAL INSTRUCTIONS

Rx _____

Signature

License Number



Please complete ALL details.

Lab orders and digital impressions may be entered directly at:
<https://whiterocksmiles.labstar.com>