

IMPLANT SURGERY/RESTORATIVE SPLIT LAB SCRIPT



p: 615-889-4949 f: 615-889-4953
237 Jackson Meadows Dr.
Hermitage, TN 37076

Surgeon: _____ Lic. # _____
Address _____
Phone _____

APPOINTMENT DATE- AND TIME

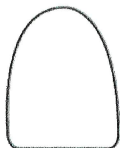
MON.	TUES.	WED.	THUR.	FRI.	SAT.

TIME _____

SHADE _____

PFM Noble		eMax Full Contour	
PFZ		Bruxzir	
eMax esth.		Temporary	

Other: _____



Shade Blend

Final Restoration
by HDL | by other

Tooth #	Implant	Size	Tooth #	Implant	Size

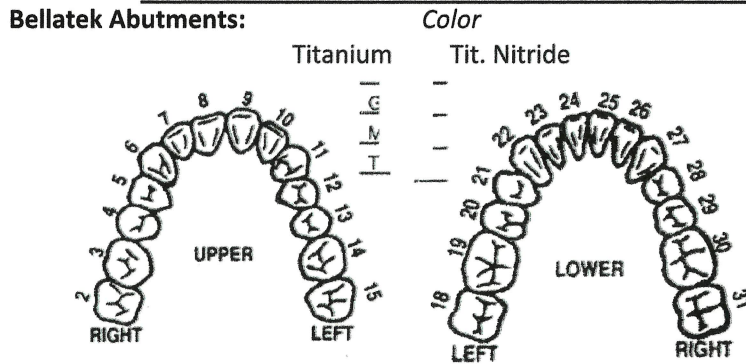
- Encode
LDA
Stock
Other

PERSONAL SIGNATURE OF DENTIST

Restorative _____ Lic. # _____
Address _____
Phone _____

	Bill To:		Ship To:	
Model Work	Surg	Rest.	Surg	Rest.
Rig.Surgical Stint	Surg	Rest.	Surg	Rest.
Temporary Abutments	Surg	Rest.	Surg	Rest.
Placement Jig	Surg	Rest.	Surg	Rest.
Crown & Bridge	Surg	Rest.	Surg	Rest.
Temporization:				
Temp. (Fixed)	Surg	Rest.	Surg	Rest.
Temp. Matrix	Surg	Rest.	Surg	Rest.
	Surg	Rest.	Surg	Rest.
	Surg	Rest.	Surg	Rest.

Other: _____



Diagnostic Wax up
 Radiopaque Scan Stint

CASE NOTES: _____