



(657) 600-8971 / (657) 531-6903

WEBSITE: WWW.38SMILES.LAB.COM

EMAIL: 38SMILES.LAB@GMAIL.COM

17165 NEWHOPE ST., SUITE I, FOUNTAIN VALLEY, CA 92708

Dr. _____ Office _____

Email: _____ Phone: _____

Patient: _____ Today's Date: _____

Due: M Tu W Th F Sa Date: _____ Time: _____

Tooth #: _____ Final Shade: _____ Prep Shade: _____

Product: Crown Bridge Veneer Inlay/Onlay Nightguard
 Diagnostic WaxUp Custom Abutment Other

Material: Full Strength Zirconia (>1050Mpa) Anterior HT Multi-Layer Zirconia (1,000Mpa)
 Esthetic Anterior Zirconia (800Mpa) IPS e.max ZirCAD PRIME Zirconia (1,200Mpa)
 Layered Zirconia Lithium Disilicate

Implant: Restoration Type: Screw-Retained Cementable
Brand _____ Type _____ Size _____

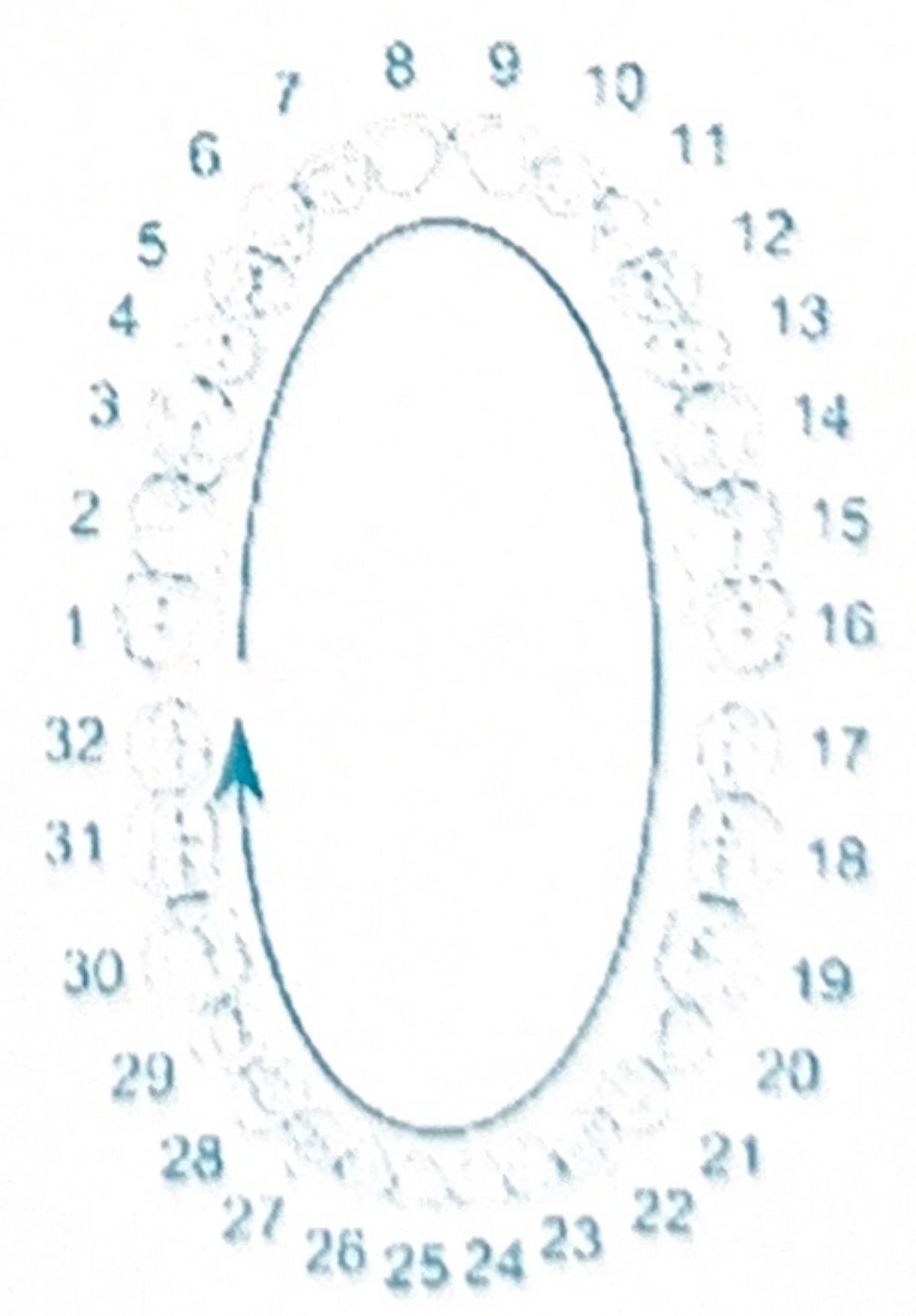
Preferences:

Interproximal Contacts: Light Medium Heavy

Occlusal Contact: Light Open Tight

If insufficient room (clearance): Trim Opposing Reduction Coping Call to discuss

Note:



Signature _____ Lic # _____