

## 3735 Washington Parkway LAB. USE Idaho Falls, ID 83404 (208) 524-1888 (800) 325-5244 Case No. \_\_\_\_\_\_\_ Fax 208-528-5443

Pan	No.	

Dental	Lab Picture	treasuredental.com es: john@treasuredental.c	om Pan No						
Dr		,	Lab Date						
Patient			_						
		estored or Replaced _							
Appointment Dat	te: Ne	xt Appointment	Time:						
Implant Supported Full-Arch Restorations									
Services Duplicate Denture	e 🗖 Interim Denture		☐ Chairside Conversion (Local Dr.'s Only)						
ype of Restoration	n	☐ Screw Retained	☐ Combination						
☐ ZirkonZahn Pretta (Monolithic Zircon ☐ Hybrid Denture -	h E.Max® teeth & Pir au® Bridge nium Frame with Ante Choose options below h denture teeth and p		k Porc. Tissue)						
Screw Retained Bar	options								
■ Montreal Bar - (D (Polished titaniun ■ Full Wrap Bar (Acrylic against ti	n against tissue)								
mplant System Ankylos Astra-Tech BioHorizons Biomet 3i Blue Sky Bio Dio Navi Hiossen Other	□ Implant Direct □ Imtech 3M □ Neodent □ Neoss □ Nobel Biocare □ Straumann □ Zimmer	Implant Tooth #							
<del>-</del>									

	Anterior Tooth Shade	_ Mold	l		
	Arrangement ☐ Bold ☐ Soft	Size	☐ Small	☐ Medium	□ Large
	Posterior Tooth Shade  0° □ 15° □ 22° □ 33°			□ Medium	
	Instructions				J
Appoint	ment Schedule (Normally two - three months t	o rest	ore)		
1.	After Open Tray Implant Level Impression		4.	After Ba	ar & Teeth try-in
	5-10 work days			10-15 w	
2.	After Verification Jig/Bite Rim		5.	Final Se	eat
	10-15 work days		<u> </u>		
2	After Try-in - 15-20 work days				
					_
	send: Rx Forms Mailing Boxes Mailing Boxes Mailing Roxes Mailing Boxes Mailing Mailing Boxes Mailing Mailing Boxes Mailing Mai				
days pas will be re	st due will be placed on COD including outstanding esponsible for all collection costs, including attorn ou are legally obligated to these terms.	ng bala	ance due v	vith shipment	of case. Dentist
Dentists	s Signature		Licens	e #	