ITS-DENTAL

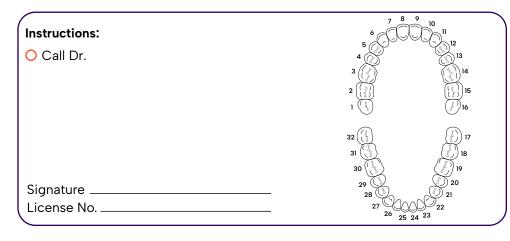
12180 SW 131st Ave., Miami FL 33186 305-238-0450 info@its-dental.com

O Light O Open

O Impression

| Doctor Name | |
|--------------|--------|
| Phone No | |
| Address | |
| Address | |
| City | _State |
| • | |
| Zip | |
| Patient Name | |

Return Date (Use Case Return Date Calendar)



| Shade | | |
|--|-------------------|--|
| Stump Shade** | | |
| Translucency | Pontic Design | |
| O Low O Medium O High O Use Drawing | \cap \cap^* | |
| Occlusal Staining | ohoho | |
| ○ None ○ Light* ○ Medium ○ Dark | | |
| If no occlusal clearance: | Occlussal Contact | |
| O Adjust Opposing* O Adjust Die | $()^* () $ | |
| * Standard protocol unless otherwise prescribed. | | |
| ** Required for Ceramic Restorations. | O Heavy O Light C | |

Lab Authorization Form

Fixed Restorations Zirconia • On Custom CAD/CAM Abutment • E-Max O Titanium Abutment O Zirconia Hybrid Abutment All-Ceramic/Glass Ceramic (Stump Shade Required) Implant Crown O Cement-Retained O Screw-Retained Porcelain Fused to Metal O On TI Base O On Custom Abutment Full Cast PMMA – Temp Implant System O Astra O Straumann O Biohorizons O Zimmer O Biomet 3i O Hiossen O Neoss - Neodent O Other_ Platform Diameter & System O Nobel Biocare

| Full Denture | | 🛑 Tooth Set-Up | |
|-----------------------------|------------------------|-------------------------------------|----------------------------------|
| ⊃ Set-up | O Finish | O Ideal | O Tooth Mold |
| Partial Dentur | e | O Characterized | |
| O Set-up | ○ Flipper | 🛛 🛑 Acrylic Shade | • |
| O Finish | | O Light | O Dark |
| Flexible Partia | J | 0 Medium | |
| O Set-up | O Finish | 🛑 Guards | |
| · | 0 T IIIISII | O Upper | Hard Acrylic |
| Immediates | | O Lower | Soft Acrylic |
| ○ Extract All | O Extract #s | Implant/Attachments | |
| Other | | O Locator | O Hader Bar |
| ○ Repair | ○ Reline | O VKSSG | O Other |
| *Includes characterized, fe | stooning and coloring. | | |

| Provisional O Inmediate Denture for O Chairside Assistance* | | • Final • Acrylic w/Titanium Bar • Zirconia | | |
|---|---------------------|--|--------------------|--|
| All on X | | | | |
| | Otl | her | | |
| Custom Tray | ○ Diagnostic Wax-Up | | O Verification Jig | |
| Bite Block | O Digital Wax-Up | | O Prototype | |
| | | | O Surgical Guide | |
| | Items Include | ed With Case | | |
| Bite Registration | O Opposing I | Vodel | O Photos | |