



ZANN DENTAL LAB

Date _____
 From _____
 Address _____
 Phone _____
 Date required _____
 Time required _____
 Medical alert _____
 Patient name _____
 Email _____
 Stump Shade _____
 Tooth Number(s) _____

PLEASE CHECK + FILL THE APPLICABLE

<p>CROWN</p> <p><input type="checkbox"/> ZANN Zirconia</p> <p><input type="checkbox"/> High Translucent Zirconia</p> <p><input type="checkbox"/> Build Up ZANN</p> <p><input type="checkbox"/> ZANN Milled E.max</p> <p><input type="checkbox"/> ZANN Pressed E.max</p> <p><input type="checkbox"/> Zirconia Economy</p> <p><input type="checkbox"/> PFM</p> <p><input type="checkbox"/> Only / Inlay</p> <p><input type="checkbox"/> Long Term Temp Crown</p> <p><input type="checkbox"/> Gold Crown</p> <p>INDICATE BELOW</p> <p><input type="radio"/> Positive Contact</p> <p><input type="radio"/> Group Function</p> <p><input type="radio"/> Slight Overextension</p> <p><input type="radio"/> Chamfer Margin</p>	<p>ESTHETIC</p> <p><input type="checkbox"/> Digital Wax Up</p> <p><input type="checkbox"/> Wax Up Traditional</p> <p><input type="checkbox"/> E.max Veneer Milled</p> <p><input type="checkbox"/> E.max Veneer Build Up</p> <p><input type="checkbox"/> Zirconia Build Up</p> <p><input type="checkbox"/> Matrix</p> <p>WAX UP OF</p> <p><input type="radio"/> Veneer</p> <p><input type="radio"/> Smile makeover</p> <p><input type="radio"/> Bite correction</p> <p><input type="radio"/> Implant wax up</p> <p>DENTURE</p> <p><input type="checkbox"/> Printable Custom Tray</p> <p><input type="checkbox"/> Digital Set Up</p> <p><input type="checkbox"/> Printable Denture</p> <p><input type="checkbox"/> Max</p> <p><input type="checkbox"/> Mand</p> <p>TEETH IF PREFERENCE</p>	<p>ORTHO</p> <p><input type="checkbox"/> ZANN Printable Guard</p> <p><input type="checkbox"/> NTI</p> <p><input type="checkbox"/> KOIS Deprogrammer</p> <p><input type="checkbox"/> Soft Night Guard</p> <p>ORTHO SIDE</p> <p><input type="checkbox"/> Max</p> <p><input type="checkbox"/> Mand</p> <p>ORTHO WIRE</p> <p><input type="checkbox"/> Max</p> <p><input type="checkbox"/> Mand</p> <p><input type="checkbox"/> Max + Mand</p>	<p>THE IMPLANT COLLECTION</p> <p><input type="checkbox"/> STRAUMANN</p> <p><input type="checkbox"/> BIO HORIZON</p> <p><input type="checkbox"/> HIOSSEN</p> <p><input type="checkbox"/> NOBEL</p> <p><input type="checkbox"/> ASTRA</p> <p><input type="checkbox"/> ZIMMER</p> <p>CAD/ CAM FIXED BAR - HYBRID BAR</p> <p><input type="radio"/> All on 4</p> <p><input type="radio"/> All on _____</p> <p><input type="radio"/> 3i</p> <p><input type="radio"/> Straumann</p> <p><input type="radio"/> Other</p> <p>HYBRID SCREW RETAINED BRIDGE</p> <p><input type="radio"/> Titanium Frame w PFM Restoration</p> <p><input type="radio"/> Titanium Frame w Zirconia Restoration</p> <p><input type="radio"/> Zirconia Frame w Zirconia Restoration</p> <p>HYBRID BAR W ATTACHMENTS</p> <p><input type="radio"/> Locators</p> <p><input type="radio"/> Ball Attachments</p>	<p>ABUTMENT TYPE</p> <p><input type="radio"/> Titanium Abutment CAD/CAM</p> <p><input type="radio"/> All Zirconia Abutment CAD/CAM</p> <p><input type="radio"/> UCLA w metal - white color</p> <p><input type="radio"/> Custom Abutment</p> <p>SCREW - RETAINED RESTORATIONS</p> <p><input type="radio"/> Zirconia CAD/CAM</p> <p><input type="radio"/> UCLA</p> <p>TEMPORARY CROWN</p> <p><input type="radio"/> w/ Titanium Abutment</p> <p><input type="radio"/> w/ Temp Abutment</p> <p><input type="radio"/> w/ Zirconia Abutment</p> <p>ABUTMENT EMERGENCE PROFILE</p> <p><input type="radio"/> Contour Tissue</p> <p><input type="radio"/> Tissue Displacement</p> <p><input type="radio"/> No Tissue Displacement</p>
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For dentures please circle- full / partial / flipper - flexible / acrylic / cast

RX

EXTRA

Duplicate Master Model

Call to Discuss

Please Check Photo

Sending Patient To Your Office

We Need a Custom Stain

OPTIONS

Reduction Coping

Call me to discuss

Email me to discuss

Chairside Assitance \$90 a hr

Rush Case \$100



SIGNATURE _____