

DOCTOR _____ RX DATE _____ DUE DATE _____
 PATIENT _____ AGE _____ M F

(LAB USE ONLY)

PAN # _____

CAMBIA DENTAL LAB, LLC 22600 LAMBERT ST. SUITE 807, LAKE FOREST CALIFORNIA 92630 877-4CAMBIA (877-422-6242)

INDICATE IMPLANT SYSTEM

- NOBEL BIOCARE
- STRAUMANN
- ASTRA/DENTSPLY
- OTHER _____

ABUTMENT TYPE

- TITANIUM: CEMENT RETAINED
- TITANIUM: SCREW RETAINED
- ZIRCONIA: CEMENT RETAINED
- ZIRCONIA: SCREW RETAINED
- ZIRCONIA SCREW RETAINED (TI-BASE)
- UCLA: SCREW RETAINED
- STOCK ABUTMENT (LAB MODIFIED)

RESTORATION

- PFM/PFG CROWN
- ZIRCONIA CROWN
- EMAX CROWN
- FULL GOLD CROWN

METAL TYPE

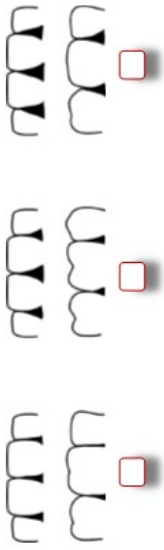
- NON PRECIOUS
- NOBLE
- HIGH NOBLE
- TYPE III GOLD

INCLUDED WITH THIS CASE

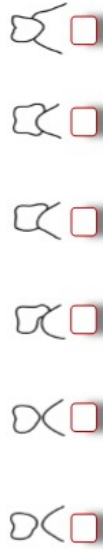
- IMPRESSION
- STUDY MODEL
- CR BITE
- CO BITE
- IMPLANT PARTS
- PHOTOS
- OLD CROWN
- ARTICULATOR

IMPLANT PARTS: _____

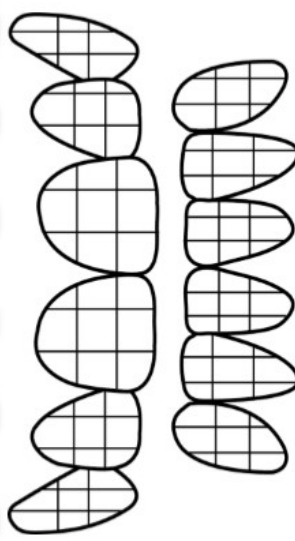
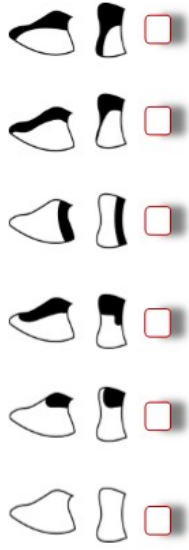
CHOOSE CONTACT DESIGN



CHOOSE PONTIC DESIGN



CHOOSE JUNCTION DESIGN



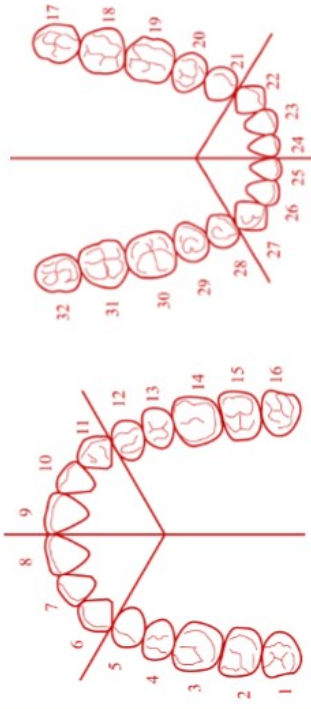
DESIRED SHADE _____ STUMP SHADE _____

Margin Design

M _____ D _____ B _____ L _____

IMPLANT CASES

DOCTOR'S INSTRUCTION TO LAB



DOCTORS SIGNATURE: _____

PLEASE ALLOW A MINIMUM OF 12 WORKING DAYS FOR ALL CASES. TERMS ARE NET 15. ADDITIONAL TERMS ARE PROVIDED ON THE BACK OF THIS RX.