ZircoLab

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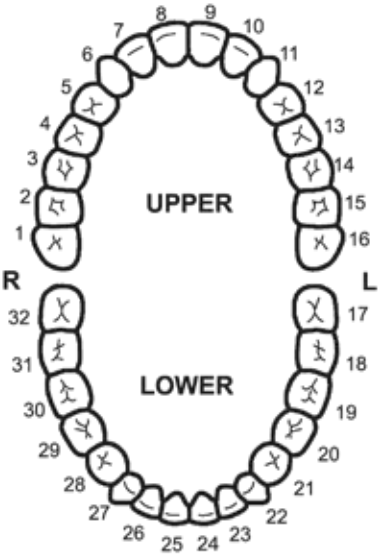
Dr.:_____ Acct #:_____ Today's Date:_____

Address:_____ Phone: _____

Patient:_____ / _____ **Due Date:**_____ **by 5 p.m.**
(First) (Last) CHART #

Rx INSTRUCTIONS:

SHADE: _____



All Restorations
Made in USA

CERTIFIED DENTAL LABORATORY

OCCLUSAL CLEARANCE

- ☐ OUT OF OCCLUSAL
- ☐ LIGHT OCCLUSAL
- ☐ IN OCCLUSAL

- ☐ PF Zirconia ☐ Full Zirconia (BruxZir)
- ☐ Veneer (Full Emax / Zirconia)
- ☐ Emax ☐ Inlays
- ☐ Crown ☐ PMMA
- ☐ Layerd
- ☐ Onlays

IMPLANT TYPE:

- ☐ CEMENT - RETAINED RESTORATION
- ☐ SCREW - RETAINED RESTORATION

ABUTMENT TYPE:

- ☐ Titanium Abutment
- ☐ Zirconia w/ Ti-Insert

Dr. Signature:_____ **Lic #:**_____