



15 SE 22nd
 Portland, OR, 97214
 M:(800) 926-5412
 F:(503) 254-1957
 www.TCdentallab.com

Dentist Name _____
 Address _____
 Email _____

Phone # _____
 Patient Name _____
 Deliver by 5 p.m. on _____

Enclosed with case: Impressions Models Bite Analog(s) Impression Coping(s) Other: _____



Tooth # _____ Implant System _____
 (i.e. Nobel Replace RP / 4.3)

SELECT CUSTOM ABUTMENT TYPE

- Titanium
- Zirconia w/ Titanium Base
- Screw Retained Titanium
- Screw Retained Full Contour Zirconia w/Titanium Base
- Screw Retained Chrome Cobalt

Zirconia Abutment Shade _____

SCREW OPTIONS

(we will ship you the following screw)

- None Lab Final Both

CROWNS & COPING

Full Contour Zirconia Crown:
 Y / N Shade _____

Zirconia Coping: Y / N Shade _____

Temporary Crown: Y / N Shade _____

Occlusal Stain: None _____ Lite _____
 Medium _____ Dark _____

Occlusion: In _____ Lite _____ Out _____

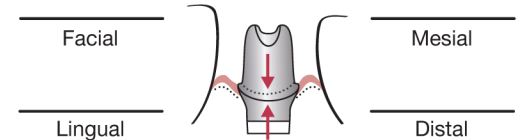
Bridge Framework: Y / N _____

PONTIC DESIGN

Tooth# _____



ABUTMENT MARGIN DEPTH

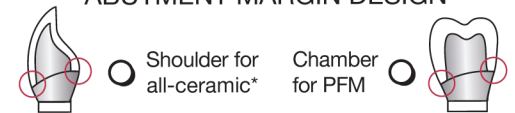


**If left blank, default values will be used*

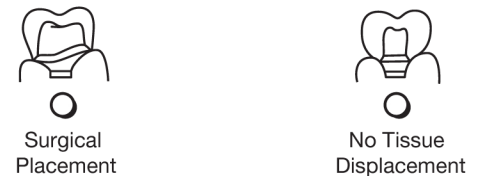
DEFAULT VALUES

Facial - 0.5 mm Mesial - 0.75 mm
 Lingual - 0.5 mm Distal - 0.75 mm

ABUTMENT MARGIN DESIGN



ABUTMENT EMERGENCE PROFILE



See back for instructions.

TERMS:
 Customer agrees to company policy as stated on next page of Rx.

Signature: _____

Date Due In Office: _____ D.D.S. License #: _____