



10571 Calle Lee Unit 167,
Los Alamitos, CA 90720

www.colabsdental.com

Doctor's Name _____ () Telephone Number _____

Street Address _____ City/State/Zip _____

Patient Name or Identification Number _____ Age _____ Sex _____

License Number and Signature _____

Remake Repair Please call regarding this case

Due Date: _____

Special Instructions :

Crown

- Zirconia Monolithic Layered
- PFM Non-precious Semi-precious White gold Yellow gold
- Emax CAD Pressed Layered

Full Cast Crown

- Metal
- Gold

Pontic



Implant

Implant Type: _____

Platform Size: _____

- Restorative Type**
- Cement Retained
 - Screw Retained
 - Screwmentable

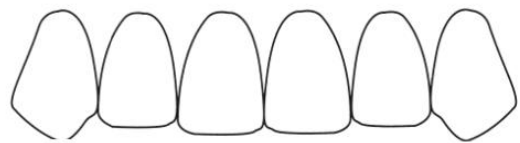
- Emergence Width**
- Support
 - Contour
 - Anatomical

- Margin Position**
- Subgingival
 - Gum Level
 - Supragingival

- Abutment Material**
- Titanium
 - Zirconia
 - Hybrid (Ti base+Zirconia)
 - ASC

Shade: _____

Stump Shade: _____



Reference photos must include two shade tabs.