J.A. AVOTS LLC

Comprehensive Prosthodontics

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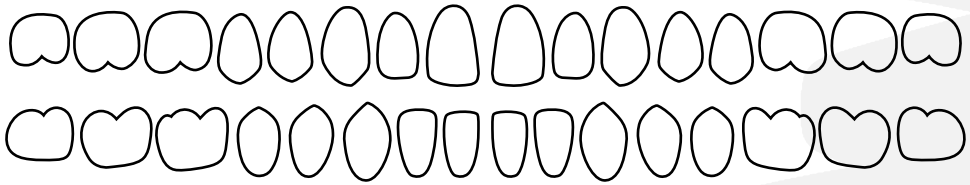
LAB USE ONLY

CLIENT INFORMATION

Dr. Name:
Licence #:
Email:
Address:
Phone: Signature:

PATIENT INFORMATION

Patient:
Date:
Due Date:
Prep Shade:
Desired Shade:



SPECIAL INSTRUCTIONS

Implant System: Brand _____ **Size** _____

RESTORATIVE OPTIONS

- 100 ☐ Full Arch Zirconia
- 101 ☐ Full Arch Zirconia w/Titanium Bar
- 102 ☐ Full Arch PMMA w/Pink Composite
- 103 ☐ Full Arch PMMA Naked Try In
- 104 ☐ Anterior Zirconia Hybrid Screw Retained
- 105 ☐ Posterior Zirconia Hybrid Screw Retained
- 106 ☐ Anterior E-MAX Hybrid Screw Retained
- 107 ☐ Posterior E-MAX Hybrid Screw Retained
- 108 ☐ Zirconia Custom Hybrid Abutment
- 109 ☐ E-MAX Anterior Crown/Veneer
- 110 ☐ E-MAX Posterior Crown
- 111 ☐ Zirconia Posterior Crown
- 112 ☐ Zirconia Anterior Crown
- 113 ☐ PMMA Provisional
- 114 ☐ Night Guard

DETAILS

INTAGLIO

- ☐ Adapt AS IS
- ☐ Compress By
  - ☐ 0.5mm
  - ☐ 1.0mm
  - ☐ _____

DESIGN

- ☐ Copy AS IS
- ☐ Modify
- ☐ Send For Review

ANATOMY

- ☐ Copy AS IS
- ☐ Improve
- ☐ Other

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