(perf)



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www.cdsdentallaboratory.com **Intraoral Scanning Rx** Doctor: _ Phone: __ Patient: _ Due Date: _ **Implant System:** O Nobel Biomet Zimmer ☐ Astra Straumann Plateform Size: ____ * All packages will include crown, abutment, screw and model. Shade: **Cement Retained Crown** #1 Tull Contour Zirconia #2 Porcelain Fused to Zirconia **#3** Lithium Discilicate #4 Porcelain Fused to Metal **#5** Gold High Nobel ☐ Nobel (STA) Screw Through Access / Screw Mentable #6 Tull Contour Zirconia #7 O Porcelain Fused to Zirconia #8 Porcelain Fused to Metal **#9** Gold High Nobel ☐ Nobel Mandibular Digital Night Guard Maxillary Digital Night Guard ☐ Screw Retained Temporary Cerac Package - Abutment / Screw & Model ☐ Verification Jig ☐ Gold Coloring on Abutment Doctor's Signature License # Date