

# ProperGuide Implant Lab

properguideimplant.com - (510) 517-5355 – properguideimplant@gmail.com

Patient First Name

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Expected Delivery

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Patient Last Name

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Patient Appt. Date

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Age:






☐ Male ☐ Female

**Provided by Doctor**

☐ Full Arch Impression ☐ BW / PA










☐ Bite Registration ☐ Analog / Impression Coping

**Pontic Design**



☐ ☐ ☐ ☐ ☐

**Metal Design**



☐\* ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

**Tooth Number**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**Crown Retention**

☐ Cement Retained

☐ Screw Retained

**Shade:**

/

**Translucency:**

☐ Low ☐ Med. ☐ Heavv

**Material Type**

☐ E-Max

☐ Zirconia Coping

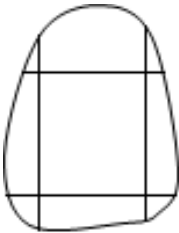
☐ Full Zirconia

☐ PFM Non-Precious

☐ PFM Noble Semi

☐ Full Gold Crown (Eco.)

Specific Instruction:



**Occlusion Table**

☐ Narrow

☐ Normal

**Occlusion Stain**

☐ None

☐ Light

☐ Medium

☐ Dark

Office Name: \_\_\_\_\_ Dr. Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_