

ProperGuide Implant Lab

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

Patient First Name

Expected Delivery

Patient Last Name

Patient Appt. Date

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:

_____ / _____

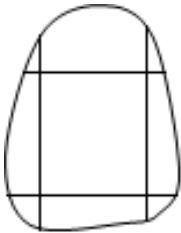
Translucency:

☐ 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: _____