

DATE SENT
CEMENTATION
DATE
TIME



**MINNESOTA**  
—DENTAL LAB—

120 7th Ave S., So. St. Paul, MN  
651 - 457 - 5380  
www.minnesotadentallab.com

LAB USE ONLY

**DR.** \_\_\_\_\_ **LIC#** \_\_\_\_\_  
(PLEASE PRINT)

(SIGNATURE) \_\_\_\_\_

Tooth #'s
Shade

**PATIENT** \_\_\_\_\_  
(PLEASE PRINT)                      FIRST                      LAST

<b>Implants</b>	
Brand	
<input type="checkbox"/> Nobel <input type="checkbox"/> Straumann	Healing Abutment Size _____
<input type="checkbox"/> Astra <input type="checkbox"/> Zimmer	
<input type="checkbox"/> 3i <input type="checkbox"/> Other _____	
<input type="checkbox"/> Screw Retained	<b>Custom Abutment</b>
<input type="checkbox"/> Cement Retained	<input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia <input type="checkbox"/> Variobase <input type="checkbox"/> Gold Hue
<input type="checkbox"/> Temp Crown	<b>Tissue Displacement</b>
<input type="checkbox"/> Out of Occlusion	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Full Anatomical
○ 1mm    ○ 2mm	

<b>Guided Surgery</b>	
<input type="checkbox"/> Surgical Guide	<input type="checkbox"/> Immediate Load Denture
<input type="checkbox"/> Bone Reduction Guide	<input type="checkbox"/> Immediate Screw Retained Temp
<input type="checkbox"/> Digital Impression Surface Scan	<input type="checkbox"/> Immediate Final Abutment

<b>Removables (Also see Avadent Rx)</b>	
<input type="checkbox"/> Upper/Lower	<input type="checkbox"/> Avadent Final Denture
<input type="checkbox"/> Avadent Immediate	○ Economy Teeth    ○ Premium Teeth
<input type="checkbox"/> Avadent Advanced Wax Try-in	<input type="checkbox"/> Avadent Implant
<input type="checkbox"/> Re-line	○ Supported      ○ Retained

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check if you want us to telephone you.