

OFFICE INFORMATION

Doctor:		Billing Email:	
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Clinic Name: Doctor License #:


Phone Number: () - **Today's Date:** / /


Patient Name: *first initial of first name and first three letters of last name & unique identifier (example: J. Doe 000001)*

Patient Gender: ☐ Male ☐ Female

ORDER SPECIFICATIONS

Product Selection:

 Printed Prototype
*printed in **white** resin

 PMMA Prototype
**prototypes are made straight to abutment(ti-baseless) unless otherwise requested.*

Final Zirconia with Ti-bases

Final Zirconia with Ti-Bar

Hybrid
*Ivotion over Ti-Bar

 Ti-Bar  Hardguard

☐ Maxillary ☐ Mandibular

Implant manufacturer:

Tooth shade:

Gingival shade:

Occlusion Preference:

Delivery Information

Deliver by:

☐ Rush case?

additional fees will apply

Design approval by doctor required?

☐ Yes ☐ No

DIGITAL FILE INSTRUCTIONS

NOTES

Submit IOS scans, script and the following photos to:

3Shape trios connect as status scans (*preferred*)
or 3Shape communicate portal



LIP AT REST

FULL FACE FULL SMILE

FULL FACE RETRACTED

Send verified models to the following address:

Simplified Dental Laboratory
8043 Wornall Rd
Suite 102

Kansas City, MO 64114

For additional requests or concerns please contact us at:

info@simplified123.com

[illegible]

Doctors Signature:

