

# PERFORMANCE

## Dental Laboratory

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LAB USE ONLY

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DOCTOR: \_\_\_\_\_

OFFICE / LOCATION: \_\_\_\_\_

PATIENT: \_\_\_\_\_

CONTACT # \_\_\_\_\_

IMPRESSION DATE: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

LAB P/U: \_\_\_\_\_

AM \_\_\_\_\_ PM \_\_\_\_\_

### Type of Crown

Full Zirconia ☐

PFZ (Porc. fused to zirc.) ☐

PFM (Porc. fused to metal.) ☐

Esthetic Zirconia ☐

EMAX ☐

### Type of

Implant / Abutment

Titanium ☐

Zirconia ☐

Screw Retained ☐

Cement Retained ☐

Wax Up ☐

Case Return ☐

Redo ☐

Adjust ☐

### Alloys

Noble ☐

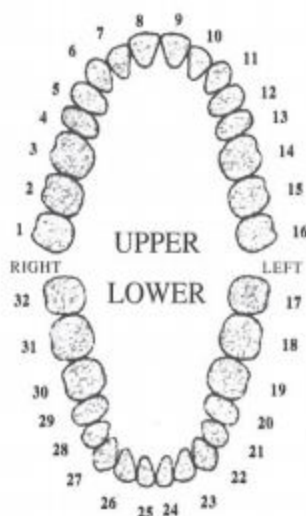
High Nobel ☐

Non ☐

Gold ☐

Shade ☐

$R_x$



DR. SIGNATURE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_