

SENT DATE

DUE DATE

1601 S Sunkist Street, Suite E, Anaheim, CA 92806 TEL: 714-602-6477 · 714-215-4378

Your Lab Name	Ca	ase Ref #
Patient NameFirst Name	Last Name Pa	atient Ref
R SPECIFIC INSTRUCTION ALL CERAMIC CROWN	7 8 9 10 11 5 12 13 3 2 14 14	32 R L 17 31 LOWER 118 30 19
Zirconia Coping Lava Coping	UPPER 15	29 20 21 21 21 22 21 22 21 22 22 21 23 22 21 23 22 21 23 22 21 23 22 21 23 24 23 22 21 23 24 24 24 24 24 24 24 24 24 24 24 24 24
Zirconia Full Crown BruxZir	Tooth Number	Shade
IMPLANT		PONTIC DESIGN
Zirconia Hybrid Abutment		\bigcirc
Titanium Abutment	CONTACT	OCCLUSAL BITE
Screw Retained Full Crown	T M L V.L	T M L V.L