



Prescription

Issue
date :

Try-in :

AM
 PM

Delivery :

AM
 PM

Dentist :

Patient :

Custom Shade

Tel.# :

Shade & Case Design



Implant parts supplied by :

Type :

Impr.Post

Analog

Abutment

Dentist

Lab

Quantity :

Screw

Attachment

Other :

INSTRUCTION :

Dentist's signature :