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Office/Practice Name:				Dr. Name:		
Address:				For	office use only	
City/State/Zip:					For office	ise only
Phone:	Email: ok to	use for Marketing	and Financi	ial 🗌 ok to us	e for Case Con	nmunication
Patient First Name:		Patient Last				
Due Date:	Delivery by 5pm on this day unless	specified here				
Fixed  Type of restoration: Tootl  Full Zirconia Crown  Layered Zirconia Crown, Veneer,  Layered Lithium Disilicate Crown  Diagnostic Wax Up  PMMA Provisional		BODY INCISAL	10 11 12 12	Remover   Full Denture   Upper   Lower   Vivid Digita   Economy   Premium	<u>s:</u>   <u>Dentures:</u>	Partials: Upper Lower Type: Economy Premium
PFM Crown High Noble Noble Full Cast Crown High Noble(white or yellow) Noble	Base (silver)	32/ X /	14 15 16 (4) 17 18	Traditional:  ☐ Economy ☐ Premium Acrylic Shad ☐ Light Pink ☐ Original	de:	Style: All Acrylic Flexi Metal Clear
Custom Abutments: ☐ Screw reta ☐ Titanium ☐ Zirconia ☐ Vendor Specific (please specify)		30 E 29 27 26 25 24 2	21 22 21 3	☐ Dark ☐ 50/50  Tooth Shade	e:	
Preferences/Clearance:  Reduce Prep and send reduction Reduce Opposing and mark mod Call for any adjustments Save my prefs and do not call		al Instructions:		Stage:  Custom Tro Bite Rim Wax Setup Finish	Arch:  y	
Included:  Impression  Bite  Model  Photos (photosegpsdental.com)  Other:				Other: Reline (hard Reline (soft Repair Hard/Soft All Hard Nig	Nightguard	
<u>Dr. Signature:</u>	Lice	nse #:			htguard/Sportsg	uard