Full Arch Fixed Rx 3501 Parway Center Ct. Orlando FL 32808 407.447.4250



Dr Name <u>:</u>	Phone:	Todays Date:
Address:		Return Date:
City-State-Zip:		(<u>Standard time if no date provided)</u>
Patient First Name: Shade:	Patient Las □ Male □ Female	st Name:
<u>Design:</u> □ FP 1 - No Pink □ FP 2 - No Pink with long teeth □ FP 3 - With Full Pink Gingival	Materials <u>Screw Retained No Bar:</u> ☐ Monolithic Zirconia ☐ PFM ☐ Provisional PMMA	and Fixation: Screw Retained With Bar: Monolithic Zirconia Monolithic Milled Ivotion Pekkton prep bar with Esthetic Crowns Cr-Co prep bar with Esthetic Crowns
Preli Sen Occ Imp	ent restoration being requirement restoration being requirements (5 Days in lab) and Impression Transfers clusal Rim plant Verification Jig	
□ Rec	m Occlusal Rim lesign (digital reset) plant Verification Jig	
☐ Fin ☐ Res	h: (10 Days in lab)(15 day ish set & Finish (Design approval re p Try-In and go to Finish (Desig	quired)
Other notes or instructions Photos sent to Photos@gpsdent	<u>s:</u> al.com □Call Dr. after case evaluat	tion (allow 2 business days)

