



941.764.9177
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 4694 TAMIAMI TRAIL, STE D
 PORT CHARLOTTE, FL 33980

TODAY'S DATE: _____

LAB USE ONLY

PLEASE VISIT OUR PORTAL TO SCHEDULE PICK-UPS AND CONFIRM DELIVERY DATES

IMPLANT LAB SCRIPT

PRACTICE NAME _____	DR. NAME _____	
PHONE NUMBER _____	CITY _____	STATE _____ Zip _____
ADDRESS _____		

PATIENT NAME/ID _____	M/F _____	DOB/AGE _____
RETURN REQUESTED DATE _____	PT. APPOINTMENT DATE _____	

FINAL SHADE _____	<u>ENCLOSURES</u>		
	PICTURES _____	MODEL _____	IMPLANT PARTS _____
	SHADE TAB _____	BITE _____	IMPRESSIONS _____

NOTES _____

CUSTOMIZED ESTHETIC CASE**

	<u>IMPLANT</u>		<u>MARGIN DESIGN</u>		
	SIZE/TYPE	TOOTH #	1MM SUB GINGIVAL	.5MM SUB GINGIVAL	GING LEVEL
SCREW RETAINED - HYBRID					
PORCELAIN FUSED TO ZIRCONIA	_____	_____	_____	_____	_____
FULL CONTOUR ZIRCONIA	_____	_____	_____	_____	_____
PFM - NP	_____	_____	_____	_____	_____
PFM - NOBLE	_____	_____	_____	_____	_____
PFM - HIGH NOBLE	_____	_____	_____	_____	_____
FCC - NP	_____	_____	_____	_____	_____
FCC - NOBLE Yellow _____ White _____	_____	_____	_____	_____	_____
FCC - HIGH NOBLE	_____	_____	_____	_____	_____
ZIRCONIA ABUTMENT - CEMENT RETAINED					
eMAX CROWN	_____	_____	_____	_____	_____
PORCELAIN FUZED TO ZIRCONIA	_____	_____	_____	_____	_____
FULL CONTOUR ZIRCONIA	_____	_____	_____	_____	_____
TITANIUM ABUTMENT					
PFM - NP	_____	_____	_____	_____	_____
PFM - NOBLE	_____	_____	_____	_____	_____
PFM - HIGH NOBLE	_____	_____	_____	_____	_____
FCC - NP	_____	_____	_____	_____	_____
FCC - NOBLE Yellow _____ White _____	_____	_____	_____	_____	_____
FCC - HIGH NOBLE	_____	_____	_____	_____	_____
DENTURE- HYBRID FIXED-DETACHABLE					
TRY-IN	_____	_____	_____	_____	_____
PROCESS	_____	_____	_____	_____	_____
BRIDGE ZIRCONIA- HYBRID FIXED-DETACHABLE					
TRY-IN	_____	_____	_____	_____	_____
PROCESS	_____	_____	_____	_____	_____
BRIDGE PFM- HYBRID FIXED-DETACHABLE					
TRY-IN	_____	_____	_____	_____	_____
PROCESS	_____	_____	_____	_____	_____

DENTIST SIGNATURE _____	LICENSE # _____	DATE _____
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RX1-2020 ** Extra charges will apply