

170 Currie Hall Parkway • Kent, OH 44240 Info@LeadingEdgeDentalLabInc.com www.LeadingEdgeDentalLabInc.com

Patient:		PMMA Provisionals
DUE DATE TO OFFICE:	APPOINTMENT DATE AND TIME:	Diagnostic Wax-up Splints
Shade: E-mailing photos	LAB USE:	3D Printed Model Call to Schedule Appointment: Custom Shading in office Computer design and consultation with patient
TOOTH NUMBERS:	IF INSUFFICIENT ROOM: Reduce Opposing Reduction Coping Call	Other:
Full Contour Zirconia PFZ (Layered) Veneers	Implants: Full Contour Zirconia Screw Retained PFZ (Layered) Cemented	
CA	SE INSTRUCTIONS:	Items Enclosed: Triple Tray
		Impression Pre-op Impression Opposing Model Bite Transfer Study Model Partial Enclosed Implant Parts Photos/X-rays Other:
		Please Send: Bags/Boxes Rx Doctor's Signature:
		License #:

__ Date: ____/___/

Full Cast

Metal Type: _____