



Guided Prosthetics—Final Restoration Date: Due back to DR: Shade: Incomplete Lab slip may delay your case Restorative Doctor Lic # Phone # Patient: First Name	ADVANCED DENTAL TECHNOLOGIES			Office: (888) 809-2777		
Incomplete Lab slip may delay your case Restorative Doctor	Guided Prosthetics—Fina	l Restoration	Fax:	(775) 440-6305	TECHNICIAN .	
Restorative Doctor Lic # Phone # Patient: First Name Last Name Age Gender Referring Oral Surgeon: Check box if Prepaid Case. Case #: Ship To: Practice Ph Address City St Zip UPPER: LOWER: Option 1-Denture Teeth & Acr OEM bar included for *Preferred Part Step 1 (6 business days): Soft Tissue MW & Teeth Try-in (15 busing Bar Fabrication & Teeth Try-in (15 busing Bar Fabrication to Finish (20 business days) Step 3 Process & Finish from Bar/Teeth Try-in (5 business days) UPPER: LOWER:	Date:	Due back to	DR:	Shade:		
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□ Option 2-Nano-Ceramic □ Step 1 (6 business days): □ Soft Tissue MW & Teeth Try-in □ Step 2 (24 business days)		☐ Option 2 ☐ Step 1 (6 busin ☐ Soft Tissu	2-Nano- ess days): e MW &	<u>Ceramic</u>		

□ UPPER: □ LOWER:	
□ Option 3-Solid Zirconia □ A. (No Cutback) □ B. (with Anterior Cutback)	
☐ Step 1 (6 business days): ☐ Soft Tissue MW & Teeth Try-in	W Constant
☐ Step 2 (24 business days) ☐ Zirconia Full Arch to Completion	
□ UPPER: □ LOWER:	
□ Option 4-Pekkton Copymill and Individual Monolithic Multi- Layered Zirconia Crowns □ Step 1 (6 business days): □ Soft Tissue MW & Teeth Try-in □ Step 2 (24 business days) □ Pekkton Copymill w/Crowns to Complete	tion
Special Instructions:	
Pay by: □ Visa □ MasterCard □ Amer. Exp	
Pay by: ☐ Visa ☐ MasterCard ☐ Amer. Exp Card #	Exp:

Dear Doctor,

Please return the back of this form when you are ready for the final restoration.

Items to return:

- Clear Duplicate with Temp Copings picked up
- RX Completed (reverse side) with Shade
- Bite
- Opposing
- Analogs/Screws
- Post-Op Photos with LTP in mouth

Thank you, nSequence