



Lab Use

Due Date

Date

5156 Blazer Pkwy, Suite 110 • (614) 889-2311 • Dublin, Ohio 43017
Send Photos or Questions: Smiles@imagegallerydublin.com
imagegallerylab.com

Included with Case

- Photos Implant Parts Lab Analog Bite Registration

Dr. _____ Office: _____
Patient: _____ Male Female Age _____

RESTORATIONS

PROVISIONALS - RETAINERS - GUARDS

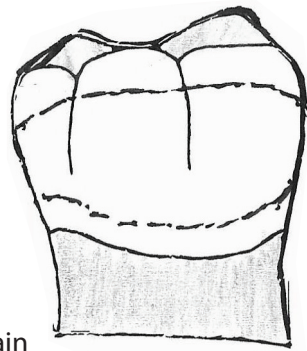
Zirconia # _____ Full Contour Veneer
Lithium Disilicate # _____ Full Contour Veneer
Gold Crown # _____ PFM # _____

Provisional Crown # _____ Provisional Abutment # _____
Essix/Flipper # _____
Occlusal Guard Max. _____ Mand. _____
Surgical Guide Pilot # _____ Guided # _____

SHADE INFORMATION

SPECIAL INSTRUCTIONS

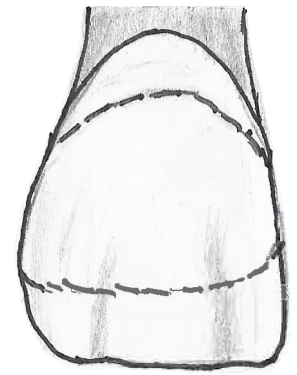
Custom Shade at Lab



Occlusal Stain

_____ Final Shade

_____ Prep. Shade



IMPLANT INFORMATION

LAB NOTES

Implant Type _____ Implant Size _____
 Gold Hue Ti Zirconia Block Out Seating Jig
 Cement Retained Screw Retained Bond to Abutment

All Atlantis Zirconia Abutments come with a seating jig for warranty

Dr. Signature

Dr. License Number