PROPERGUIDE
DENTAL LABORATORY

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(510) 517-5355

Patient First Name/Last Name

Patient Appointment

Date: _____

Time: _____

Deliver by

Date: _____

Age ____

- ☐ Male
- ☐ Female

Provided by Doctor

- ☐ Bite Registration
- ☐ Full Arch Impression
- ☐ Analog/Impression Coping
- ☐ Digital Impression
- ☐ BW/PA
- ☐ Photos

Tooth Number(s) _____

Shade ____ / ____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Translucency

Bright/ Whiter — Dark/ Grayer

Material Type

- ☐ Resin (Temporary)
- ☐ Full Zirconia
- ☐ Full Gold Crown
- ☐ E-Max
- ☐ Ti-Bar

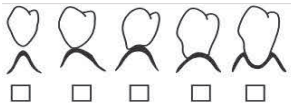
Photogrammetry

- ☐ Icam4D
- ☐ IO Connect
- ☐ Other: _____

Restorative Space

- ☐ FP 1
- ☐ FP 2
- ☐ FP 3

Pontic Design



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CBCT / Surgical Guide

- ☐ Cone Beam CT
- ☐ Intraoral Scan
- ☐ Surgical Guide

☐
- Surgical Guide
- Abutment
- Temporary

Abutment Type

- ☐ Ti-Base
- ☐ Custom
- ☐ MUA
- ☐ Other: _____

Nightguard

- ☐ Hard (3D-Printed)
- ☐ Other: _____

Comments

Implant Type

Size: _____mm x _____mm

Brand

_____

Type

_____

Screw Type (All-On-X)

_____

Occlusion Table

- ☐ Narrow
- ☐ Normal

Occlusion

- ☐ In Occlusion
- ☐ 1 Foil Relief
- ☐ 2 Foil Relief

Out of Occlusion

Crown Retention

- ☐ Cement Retained
- ☐ Screw Retained
- ☐ Screwmentable

If Not Enough Clearance

- ☐ Reduce Opposing
- ☐ Reduction Coping
- ☐ Spot Mark Prep

Office Name: _____ Dr. _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Phone: _____ License #: _____

Signature: _____ Please send additional: ☐ Lab Slips ☐ Shipping Labels