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 ☐ Analog/Impression Coping ☐ BW/PA
☐ Full Arch Impression ☐ Digital Impression ☐ 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

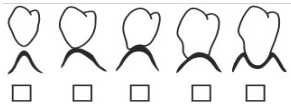
Photogrammetry

☐ 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: _____

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: _____