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Patient Name \_\_\_\_\_

Due Date: \_\_\_\_\_

Dr. Name \_\_\_\_\_

Photos Included \_\_\_\_\_

Date \_\_\_\_\_

M/F \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Shade \_\_\_\_\_

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#### TYPES OF PROSTHESIS

Full Zirconia      Full Zirconia w/Titan Bar      2 Part Hybrid

PMMA      Full Zirconia Crown      Transitional Denture

Screw Retained Implant Crown      Screw Retained Implant Bridge

Implant Position \_\_\_\_\_

Dr. Signature \_\_\_\_\_ License \_\_\_\_\_