



TC Dental Laboratory
 1000 NE 122nd Ave,
 Portland, OR 97230
 www.tcdentallab.com
 E: info@tcdentallab.com
 P: (800) 926-5412
 F: (503) 254-1957

Dentist Name _____

Phone # _____

Address _____

Patient Name _____

Email _____

Deliver by 5 p.m. on _____

Enclosed with case: Impressions Models Bite Analog(s) Impression Coping(s) Other: _____



Tooth # ____ Implant System _____
 (i.e. Nobel Replace RP / 4.3)

SELECT CUSTOM ABUTMENT TYPE

- Titanium
- Zirconia w/ Titanium Base
- Screw Retained Titanium
- Screw Retained Full Contour Zirconia w/Titanium Base
- Screw Retained Chrome Cobalt

Zirconia Abutment Shade _____

SCREW OPTIONS

(we will ship you the following screw)

- None Lab Final Both

CROWNS & COPING

Full Contour Zirconia Crown:

Y / N Shade _____

Zirconia Coping: Y / N Shade _____

Temporary Crown: Y / N Shade _____

Occlusal Stain: None _____ Lite _____

Medium _____ Dark _____

Occlusion: In _____ Lite _____ Out _____

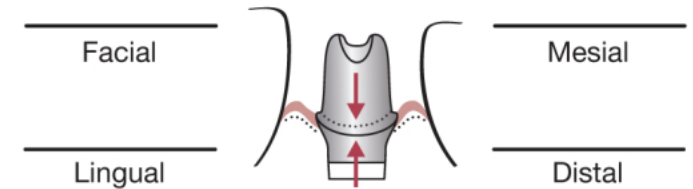
Bridge Framework: Y / N _____

PONTIC DESIGN

Tooth# _____



ABUTMENT MARGIN DEPTH

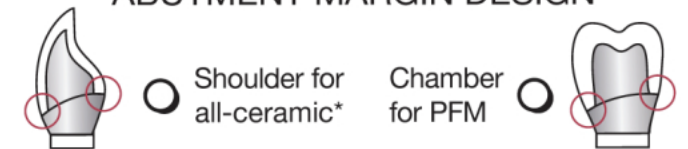


**If left blank, default values will be used*

DEFAULT VALUES

Facial - 0.5 mm Mesial - 0.75 mm
 Lingual - 0.5 mm Distal - 0.75 mm

ABUTMENT MARGIN DESIGN



ABUTMENT EMERGENCE PROFILE



Surgical Placement



No Tissue Displacement

See back for instructions.

TERMS:

Customer agrees to company policy as stated on next page of Rx.

Signature: _____

Date Due In Office: _____ D.D.S. License #: _____