



PHONE: 970-765-9838

DIGITAL DENTAL
— DESIGNS —

DR. NAME: _____ LICENSE# _____

PATIENT NAME: _____ DATE: _____

PATIENT INFO • MALE • FEMALE AGE: _____

SHADE _____

STUMP SHADE _____

• SHADE TAB ENCLOSED

OCCLUSAL STAIN • NONE • LIGHT • MEDIUM • HEAVY

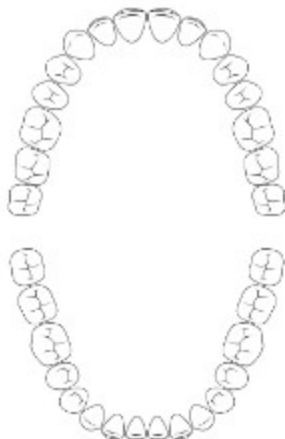
- Solid Zirconia
- IPS e.max
- Implants

Manufacturer _____ Size _____

REF # _____ LOT # _____

ABUTMENT • Zirconia • Titanium • Gold

- Night Guards
- Diagnostic Wax Up
- Study Models
- Surgical Guides



- RETURN DATE
- CALL DOCTOR

Dr. Signature _____

CONTACT US



Phone: 970-765-9838



Email: breana@tfdigitaldentaldesigns.com