

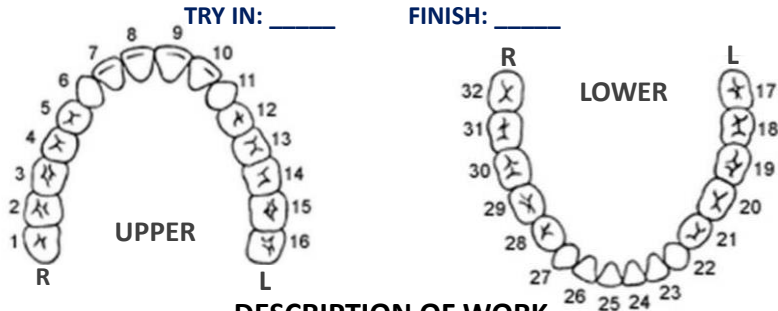


TIP Milling Center

1760 Spectrum Drive. Unit 107, Lawrenceville, GA 30043
Tel. 678) 226 9966 Email.ghtdl03@gmail.com

Prescriptions

Date _____ Case No. _____
Patient _____
Shade _____



DESCRIPTION OF WORK

check the work needed and circle option

ZIRCONIA

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Full Zirconia | Model or Digital File |
| <input type="checkbox"/> Ultra-Translucency Zirconia | Model or Digital File |
| <input type="checkbox"/> Zirconia Coping | Model or Digital File |
| <input type="checkbox"/> Zirconia Custom Abutment | Model or Digital File |
| <input type="checkbox"/> Zirconia Screw-Retained | Model or Digital File |
| <input type="checkbox"/> Full Zirconia Screw Retained | Finished or Unfinished |

Metal Milling

- | | |
|---|------------------------------|
| <input type="checkbox"/> Titanium Custom Abutment | Model or Digital File |
| <input type="checkbox"/> Titanium Screw-Retained | Model or Digital File |
| <input type="checkbox"/> Chrome Cobalt Full Metal Crown | Model or Digital File |
| <input type="checkbox"/> Metal Coping | Model or Digital File |

Other

- | | |
|---|------------------------------|
| <input type="checkbox"/> Wax Full Contour | Model or Digital File |
| <input type="checkbox"/> Wax Coping | Model or Digital File |
| <input type="checkbox"/> PMMA TELIO CAD | Model or Digital File |
| <input type="checkbox"/> PMMA Implant | Model or Digital File |

RETURN DATE: _____

DENTAL LAB NAME: _____

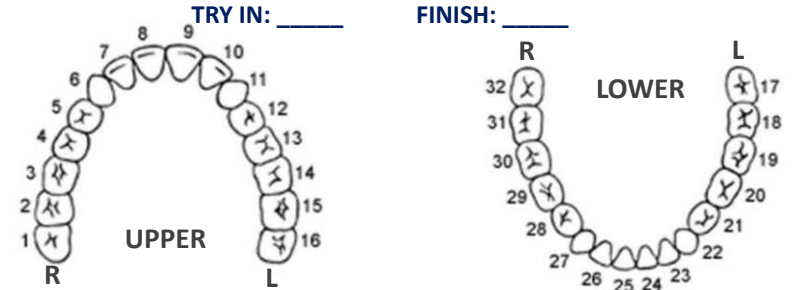


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