

Seat Date

DATE

TIME

### Doctor Information

First

Last

Practice

Office Phone



735 E. PACIFIC DRIVE  
AMERICAN FORK  
UTAH 84003  
(801) 756-1117 call/text

info@epicdentalstudios.com

shade@epicdentalstudios.com

epicdentalstudios.com

### Patient Information

Last

First

Gender

Male

Female

Age

Prep Shade

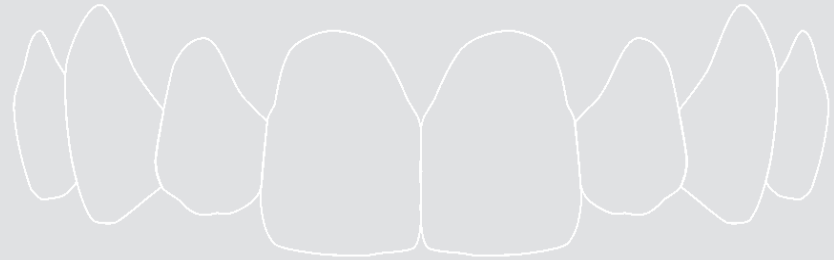
Circle Tooth Number(s)

Final Shade

Photos Sent to Lab

Digital scan was also sent for this case

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



### Choose Material

Functional Zirconia (extra strength)  Polish only - no glaze

Aesthetic Zirconia (exquisite)

IPS e.Max (Press)

ENCORE IPS e.Max Premium (\$215/unit)

Full Cast Noble

Full Cast High Noble

Provisional (PMMA)

Diagnostic Wax-up

Upper Nightguard  Lower Nightguard

Hard  Hard/Soft  Soft

### 4 Steps for Implants

**1** Implant Type

Screw-Retained

Cement-Retained

**2** Mfg. Choice

Compatible Components

Genuine Mfg. Components

**3** Abutment Choice

Ti Base (Screw-retained only)

Custom Titanium

Custom Hybrid (Zirconia)

Prep Stock Abutment

**4** Implant Emergence Profile

Full Anatomical

Tissue Displaced

No Displacement

### SPECIAL INSTRUCTIONS

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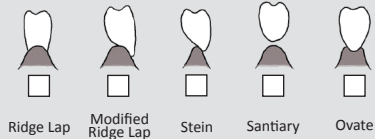
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### Design Specifications

Desired Length of Centrals (mm)



SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TERMS**  
All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to C.O.D. status and a late charge of 2% of the unpaid balance. Cost of collection of any account will be paid by the customer, including any attorney fees. Prices subject to change without notice. Rx must be enclosed with original case submission.