



43075 North Ridge Road • Elyria, OH 4403

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Lab \_\_\_\_\_ Lab Contact \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Patient \_\_\_\_\_

Please do not count weekends, holidays or days in transit as workdays.

Return Date	<b>LAVA</b> <input type="checkbox"/> Coping <input type="checkbox"/> Framework <input type="checkbox"/> Full Contour	<b>YZ-T</b> <input type="checkbox"/> Coping <input type="checkbox"/> Framework <input type="checkbox"/> Full	<b>E.MAX</b> <input type="checkbox"/> Crown <input type="checkbox"/> Blue State
<input type="checkbox"/> Finished Margin	<input type="checkbox"/> Unfinished Margin	<input type="checkbox"/> PMMA	<input type="checkbox"/> Wax Pattern

**R<sub>x</sub>**

*\*Please Note: CDT cannot be held responsible for fit of digital files.*

Tooth #(s) \_\_\_\_\_ Shade \_\_\_\_\_ Stump \_\_\_\_\_

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**Lava Custom Abutment** Implant System \_\_\_\_\_

Special Instructions:  Lingual Collar  360° Collar  Wax-Up Enclosed

Please Note:

- Trim die with subtle curve under margin
- **Do not seal, paint die or mark margins**
- Send removable, pinned separated working model, opposing and bite registration

Enclosures:

- Die Only
- Working Model
- Opposing Model
- Study Model
- Bite
- Other

Please Send:  Boxes  Labels  Scripts

Signature \_\_\_\_\_ Date \_\_\_\_\_

I verify that a signed prescription from a licensed dentist is on file for this restoration.