

S2 DIGITAL DENTAL LABORATORY

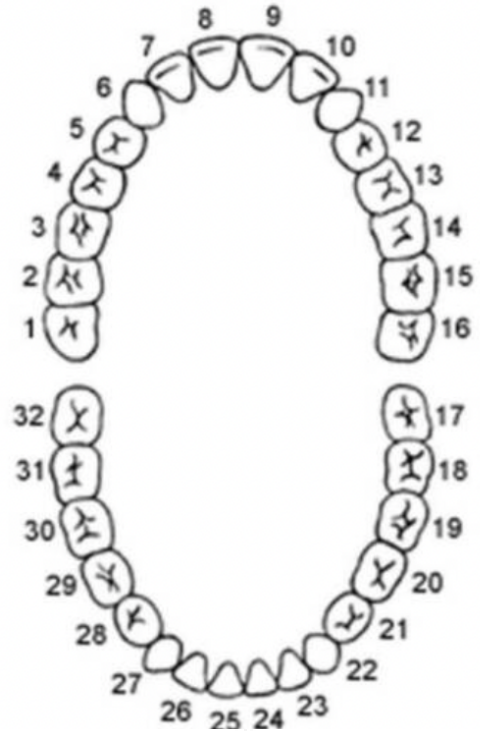
DOCTOR:

PATIENT:

MATERIAL

- Zirconia
- Leucite
- PMMA
- Titanium
- Other _____

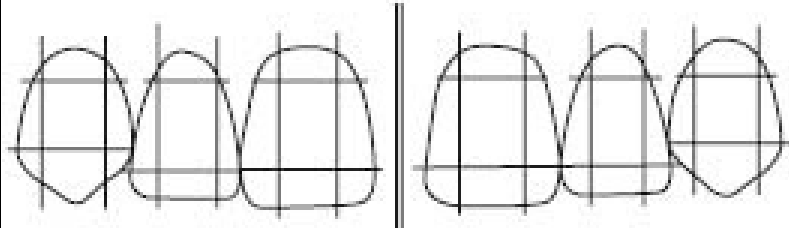
TOOTH #



IMPLANT TYPE

IMPRESSION TYPE

- Analog _____
- Digital _____



SHADE:

NOTES

Doctor's Signature:

Return Date:

lab@jawimplant.com

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