

LAB SHEET



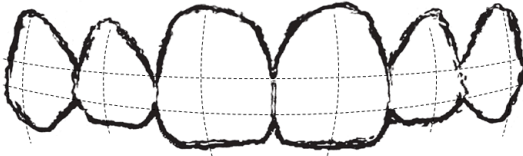
Doctor: _____

Patient: _____

Date In: _____

Patient Appointment date: _____

UNIT SELECTION:



Tooth Shade _____

Stump Shade ND: _____

Tooth Length _____ mm

Preferred Scan Platform _____

ITEMS PROVIDED:

Verification Jig
Digital Photos
Digital Analogue

Implant Parts
Impression Screws
STL Files

OTHER:

INSTRUCTIONS:

Signature _____

Date _____