

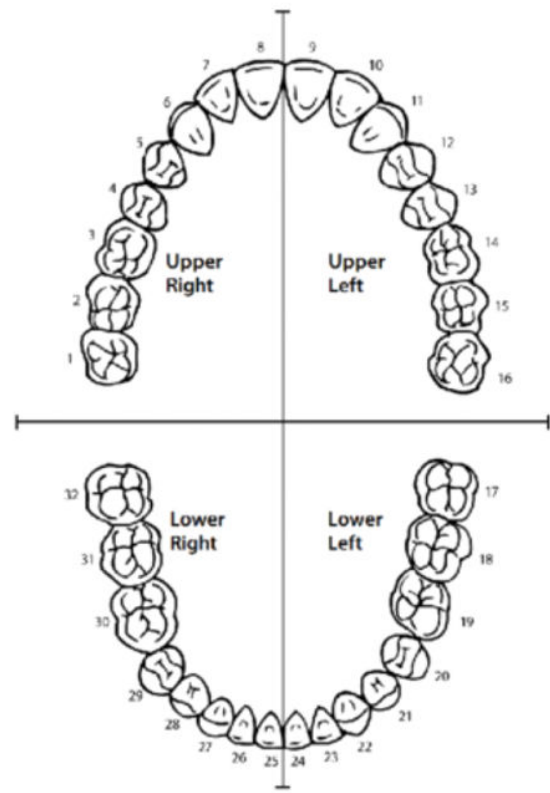


Dr: _____
 Address: _____
 Patient: _____ M/F: **F**

2810 Premiere Parkway, Suite 350
 Duluth, Georgia 30097
 (470)-222-2902
 15757 N. 78th Street, Suite C
 Scottsdale, Arizona 85260
 (833)-674-3232

Phone: _____
 Email: _____
 Delivery by 5pm: / / (10 in-lab days)

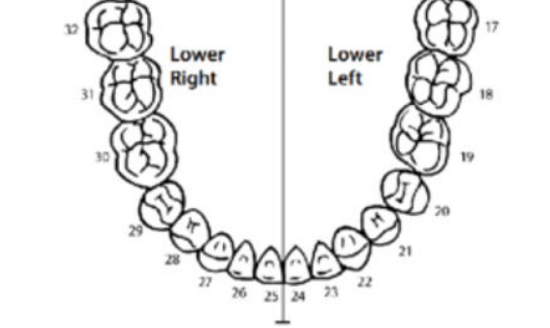
DETAILS



- PMMA Type**
- Full Arch
 - Upper
 - Lower
 - Partial Arch

- Pink Gingiva Preference**
- Regular Pink Anaxdent Composite
 - Ethnic Pink Anaxdent Composite
 - Preference Acrylic
 - USD Acrylic

Tooth Shade



- Call Doctor
- No Call Needed
- Email ExoViewer
(Approval Required)
- Provide Angle
Correcting Abutments
(Extra Charge Applies)

Notes: _____

Signature: _____
 License #: _____

LAB CODE SELECT PMMA PROSTHESIS

103
 104
 121
 122
 123

- Analog PMMA Workflow**
- Full Arch PMMA with Ti bases (Naked)
 - Full Arch PMMA with Ti bases (Pink)
- In Office Scanned Copy Mill PMMA (Digital)**
- Milled Naked PMMA with Ti bases
 - Milled PMMA with Ti bases (Pink)
 - 3D Printed PMMA Naked with Ti bases

