



Dr: \_\_\_\_\_

Address: \_\_\_\_\_

Patient: \_\_\_\_\_ M/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

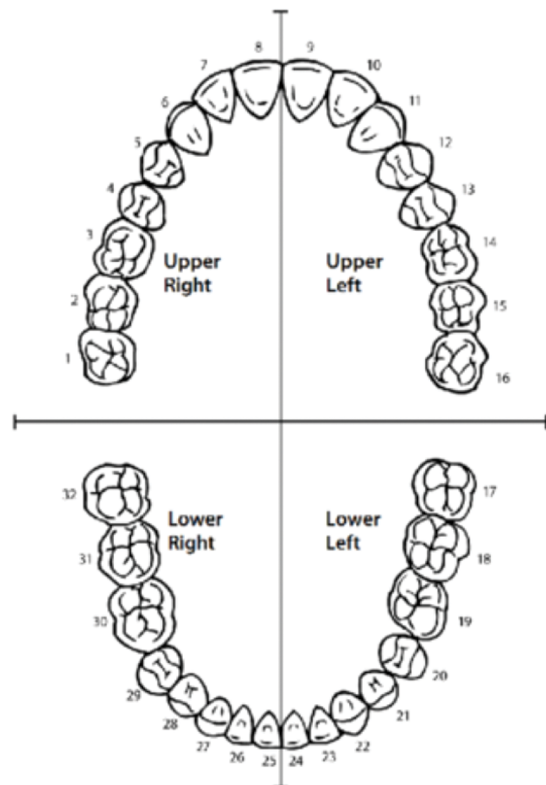
### PMMA Type

- ☐ 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

### Analog PMMA Workflow

103

- ☐ Full Arch PMMA with Ti bases  
(Naked)

104

- ☐ Full Arch PMMA with Ti bases  
(Pink)

### In Office Scanned Copy Mill PMMA (Digital)

121

- ☐ Milled Naked PMMA with Ti bases

122

- ☐ Milled PMMA with Ti bases  
(Pink)

123

- ☐ 3D Printed PMMA Naked with Ti bases

