

## 111 Cooperative Way, Bldg 2 Ste 200 | Georgetown, TX 78626 512-456-7625 | implanttx@gmail.com

ImplantTx	Implants RX - Labratory Procedure RX
Doctor:	
Practice:	Note: Turriaround time is based on date the HX is received.
License #:	
	Address:
RX Date:	
Case Instructions	Please CIRCLE single units and BRACKET splinted units.
FINAL ABUTMENT TYPE  Zirconia Solid Screw  Retained Implant  Custom Titanium Abutment  Custom Zirconia Abutment  PFM Screw Retained  CROWN DESIGN  Characterizations Tooth Shade (Required)  SCREW RETAINED  Posteriors Zirconia Solid  Anteriors  Solid Lingual Facial Layered  Emergence Profile	1
Push Tissue 0.5MM Anato	omical Design Ridge Lap on Buccal on Screenshots
IMPLANT Type Size	RX Specific Instructions  Please provide in a photos, study models, diagnostic casts
Notes:	with case email photos to implanttx@gmail.com.
	ImplantTx
	rized signer and, along with the dental practice, accepts responsibility for payment of all related lection, and other fees incurred by Implant TX in the event the account is sent to collections
Dentist signature	Dentist license number
(Required)	(Required)