

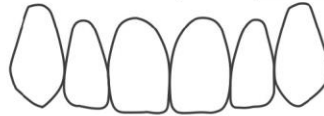
905-837-0770 info@optimumdentalart.com  
www.optimumdentalart.com  
1815 Ironstone Manor Unit 16A, Pickering ON L1W 3W9

FROM: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/Prov.: \_\_\_\_\_ Sex: M  F  Age: \_\_\_\_\_  
Patient's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
DATE REQUIRED: \_\_\_\_\_ TRY IN  FINISH   
TIME REQUIRED: \_\_\_\_\_  
MEDICAL ALERT:  DETAILS: \_\_\_\_\_

**INSTRUCTIONS:**

Shade Instructions: Shade \_\_\_\_\_

Stump Shade \_\_\_\_\_



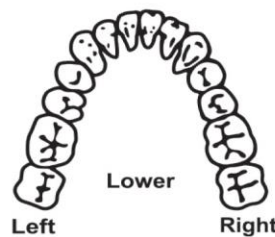
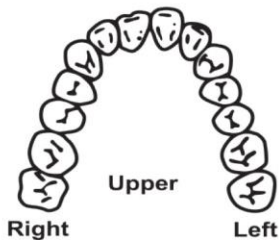
Occlusal Staining: \_\_\_ None \_\_\_ Light \_\_\_ Medium \_\_\_ Dark

Indicate Implant System

- Screw-Retained  
 Cement-Retained

**Implant Crown Emergence Profile**

- Minimal Displacement\*  
 Natural Emergence  
 Ridge lap to match adjacent contour
- Impingement**  
 mm buccal  
 mm mesial  
 mm distal  
 mm lingual
- \*Default



Professional's Signature: \_\_\_\_\_

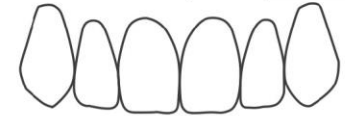
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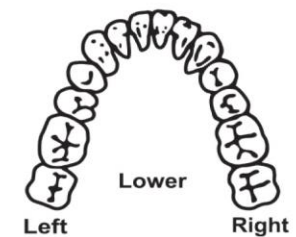
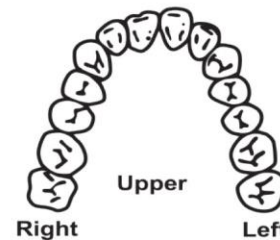
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