4EPlus Laboratory

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Patient Name: _____ DATE: _____

Office Name: _____ Office Email: _____ Office Phone: _____

☐ **DIGITAL CASE**
- ☐ CAD File Included
- ☐ NEED DESIGN

☐ **ANALOG CASE**
- ☐ VPS Impression
- ☐ Model Included

DUE DATE: _____

REMARKS: _____

FIXED RESTORATION

	ADD Teeth#
☐ Veneers/emax	
☐ Inlay/Onlay/emax	
☐ Temporary Crown & Bridge/PMMA	
☐ Crown & Bridge/Zirconia	

☐ **Printed Model**

	ADD Site#
☐ Temporary Implant Crown/Stock /TiBase	
☐ Implant Crown/Stock /TiBase	
☐ Implant Crown/Custom Abutment	
☐ Implant Crown/Surgical Guide	

ALL-ON-X

	MX	MD
☐ Full Arch PMMA/ AOX		
☐ Full Arch Zirconia/ AOX		

☐ **Printed Prototype**

REMOVABLE PROSTHESIS

- ☐ Edentulous Surgical Guide/
- ☐ Interim Partial Denture/ One piece
- ☐ Interim Complete Denture/ One piece
- ☐ Complete Denture/ Base/ Teeth
- ☐ Over-Denture/ Base/ Teeth

IMPLANT INFORMATION

Brand:_____
Site:_____
Size:_____
TiBase ☐ **Custom** ☐
Locator Height_____

- ☐ Diagnostic Blueprint Design – Full arch
  Vacuum Form (VF) / Putty
- ☐ Essix Retainer
  Vacuum Form (VF) /Temporary Tooth
- ☐ Occlusal Guard/ Milled PMMA

☐ **Printed Model**

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