



Luisa F. Echeto DDS, MS, FACP

Board-Certified Prosthodontist

2160 N Lake Forest Dr., Bldg. 6 - Suite 604  
McKinney, Texas 75071

Office: 945.234.PLUS

(7587)

Fax: 945.888.PLUS

(7587)



Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Office Name: \_\_\_\_\_ Office Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

DIGITAL CASE

- CAD File Included
- NEED DESIGN

ANALOG CASE

- VPS Impression
- Model Included

MAXILLARY

MANDIBULAR

TOOTH/SITE: \_\_\_\_\_

SHADE: \_\_\_\_\_

**FIXED RESTORATION**

- Veneers/emax
- Inlay/Onlay/emax
- Temporary/PMMA
- Crown & Bridge/Zirconia
- Printed Model

**REMOVABLE PROSTHESIS**

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

REMARKS: \_\_\_\_\_

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**ALL-ON-X** MX MD

- Full Arch PMMA/AOX
- Full Arch Zirconia/AOX
- Printed Prototype

**IMPLANT INFORMATION**

Brand:

Site:					
Size:					

TiBase  Custom

Locator Height

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**OTHER**

- Diagnostic Blueprint Design - Full Arch
  - Vacuum Form (VF)  Putty
- Essix Retainer
  - Vacuum Form (VF)/Temporary Tooth
- Occlusal Guard/Milled PMMA
  - Printed Model



(9Di g@U

dentalplusspecialists.com  
4EPlusLab@dentalplusspecialists.com