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**(503) 616-9301**

Office: \_\_\_\_\_  
 Doctor: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_  
 Due Date: \_\_\_\_\_  
 Patient Appt: \_\_\_\_\_

### Restoration Type

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Zirconia Monolithic (Posterior)   | <input type="checkbox"/> E.Max LT (Posterior)           | <input type="checkbox"/> Milled Gold 2%  |
| <input type="checkbox"/> Zirconia Aesthetic (Anterior)     | <input type="checkbox"/> E.Max HT (Anterior)            | <input type="checkbox"/> Milled Gold 40% |
| <input type="checkbox"/> Zirconia Layered (Most Aesthetic) | <input type="checkbox"/> E.Max Layered (Most Aesthetic) | <input type="checkbox"/> Milled Gold 58% |

### Implant Restorations

#### Ti-Base

Screw Retained Ti-Base  
with Zirconia Crown  
  
OR  
  
Screw Retained  
Angulated Screw Channel  
Ti-Base with Zirconia Crown

#### Custom Abutment

Screwmentable Crown with  
Titanium Custom Abutment  
(Cemented in Lab)  
  
OR  
  
Cementable Crown with  
Titanium Custom Abutment  
(Cement Chairside)

#### All-On-X Full Arch

- Full Contour Zirconia  
 PMMA  
 Thimble Bar with Crown

Implant Brand/System: \_\_\_\_\_  
 Implant Model: \_\_\_\_\_  
 Implant Size: \_\_\_\_\_

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 Implant Model: \_\_\_\_\_  
 Implant Size: \_\_\_\_\_

### Other

- Printed Model)       Occlusal Guard)       Surgical Guide

### Restoration Details

Included Items:

- Impressions)  
 Bite Registration  
 Photos

Tooth #: \_\_\_\_\_  
 Stump Shade: \_\_\_\_\_  
 Desired Shade: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_