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 https://www.prostlab.com.

PAN # : _____ ASSIGN TO : _____

Dr. _____ Phone _____

Patient : _____ / _____ Male Female
(FIRST) (LAST)

DUE DATE (by 5PM) _____ Rx Date : _____

FIXED PROSTHETICS

ALL CERAMIC RESTORATIONS Porcelain Veneer
 e.max Crown
 Layered E-Max
 Zirconia Crown
 Layered Zirconia
 Gold Crown

ALLOY BASED PFM FULL METAL Temporary Crown

CHOOSE ALLOY Non-Precious High Noble White
 Semi-Precious High Noble Yellow Fit to Partial Other _____

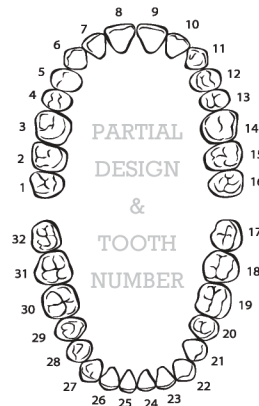
FRAMEWORK DESIGN (Circle) _____ **PONTIC DESIGN** (Circle) _____

TYPE OF MARGIN Porcelain Facial Margin Porcelain Margin 360° Metal Lingual Band Metal Margin 360° In Occlusion Out of Occlusion

OCCLUSAL CONTACT Occlusal Staining Surface Texture

Rx Desired Shade _____
 Stump Shade _____

Incisal Translucency Low Med. High None
 Occlusal Staining Low Med. High None
 Surface Texture Low Med. High None



See Photos No Photos
 See Email Custom Shade

3D PRINTED SURGICAL GUIDES

Tooth Borne Bone Borne Mucosa Borne Stackable Print Diagnostics Casts Print Digital Wax Up

Implants to be planted / Tooth # : _____

Implant Brand / Connection : _____

Implant Size : _____

Immediate Temporary Needed : Yes No

Custom Healing Abutments Needed : Yes No

Any Special Notes : _____

Directions for case submission : Fill out this digital script, download RealGuide software, upload CBCT onto RealGuide along w/digital scans, share the case with nocolaborders@gmail.com, Send us an e-mail confirming the case is sent.

IMPLANT

ABUTMENT TYPE Custom Abutment Custom Milled Abutment Custom Cast UCLA Abutment

ABUTMENT MATERIAL Titanium Titanium Zirconia Hybrid

ADDITIONAL OPTION Abutment Seating Jig Gold-Hue Abutment Splint Restorations

Margin Placement Sub Equo Supra Other _____

RETENTION CHOICE ONE-PIECE Screw-Retained TWO-PIECE Cement-Retained

No Access Hole-Not Retrievable Access Hole-Retrievable

ABUTMENT EMERGENCE PROFILE

 Surgical Placement Tissue Displacement No Tissue Displacement

Implant System: _____
 Implant Location / Tooth # _____
 Implant Platform/Size _____

REMOVABLE PROSTHETICS

FULL DENTURE Upper Lower

IMPLANT OVERDENTURE Custom Tray Wax Rim Try In

Locator Overdenture Bar Overdenture

FIXED HYBRID Ti / Acrylic Zirconia (included PMMA)

PARTIAL DENTURE Cast Metal Partial Interim Partial Tooth Shade _____

PRINTED OCCLUSAL GUARDS Hard / Soft Hard Soft



Dr's Signature _____ Lic. # _____