

2103 Lake Avenue Richmond, VA 23230

P: 804-282-6200 | F: 804-282-6459

Dental Labo	rator	w	v.GR	EAT	IMPS.com
Patient . Name :		M/F	Shade		Value Analysis High / Low
All Ceramic FCZ High Strength Zirconia FCZ High Translucency PFZ Layered Zirconia Anterior Esthetic Zirconia Stump Shade Required Lithium Disilicate (E.max) Stump Shade Required	Screw		P) y Yellow		Removable Cast Partial Acrylic Partial Flipper Denture Occlusal Appliance Hard Night Guard Self Adjusting
Description Of Work / Des	sign Preferen	ces		3 2 1 32 31 3(7 8 9 10 11 12 4 13 13 15 16 17 16 18 19 29 20 28 27 26 25 24 23 22 1
	Contact M				
☐ Case Planning☐ Material Choice	-	ontacts cclusion		Shade New Pro-	ducts
By signing this prescription, you are authorizin	g us to begin work; as	well as, you agre	e to the Gre	at Impression	ons terms of service located on
https://www.greatimps.com/terms-of-busi	iness-and-warranty. Ou	r industry leading	g warranty p	Dat	te To Lab :
License Number:				Re	turn Date:

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Dental Labo	rator	y wy	w.GR	REATIMPS.com		
Patient		M/F	Shade	Value Analysis		
Name ·		IVI / F		High / Low		
All Ceramic FCZ High Strength Zirconia FCZ High Translucency PFZ Layered Zirconia Anterior Esthetic Zirconia	Implant Screw Retained Cement Retained Ti-Base PFM/CVC PFM CVC			Removable Cast Partial Acrylic Partial Flipper Denture Occlusal Appliance		
Stump Shade RequiredLithium Disilicate (E.max)Stump Shade Required	☐ Base (NP) ☐ Noble ☐ High Noble	Base (NI Economy Premium	y Yellow	Hard Night Guard Self Adjusting		
Description Of Work / De				7 8 9 10 11 12 4 13 15 15 16 16 17 18 30 19 19 29 20 28 27 26 25 24 23 22		
	Contact N			WAS 15		
,		ontacts	_	☐ Shade☐ New Products		
By signing this prescription, you are authorizing	g us to begin work; as	well as, you agre	e to the Gre	eat Impressions terms of service located on		
https://www.greatimps.com/terms-of-bus Dr. Signature:	iness-and-warranty. Ou	r industry leadin	g warranty	Date To Lab:		
License Number:				Return Date:		