

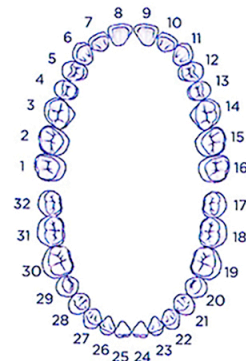
Patient Name :	M / F	Shade	Value Analysis High / Low
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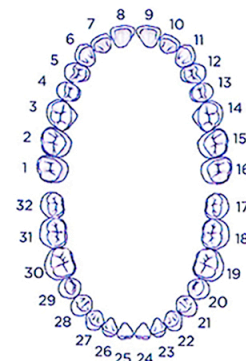
All Ceramic <input type="checkbox"/> FCZ High Strength Zirconia <input type="checkbox"/> FCZ High Translucency <input type="checkbox"/> PFZ Layered Zirconia <input type="checkbox"/> Anterior Esthetic Zirconia _____ Stump Shade Required <input type="checkbox"/> Lithium Disilicate (E.max) _____ Stump Shade Required	Implant <input type="checkbox"/> Screw Retained <input type="checkbox"/> Cement Retained <input type="checkbox"/> Ti-Base PFM/CVC <table border="0"> <tr> <td>PFM</td> <td>CVC</td> </tr> <tr> <td><input type="checkbox"/> Base (NP)</td> <td><input type="checkbox"/> Base (NP)</td> </tr> <tr> <td><input type="checkbox"/> Noble</td> <td><input type="checkbox"/> Economy Yellow</td> </tr> <tr> <td><input type="checkbox"/> High Noble</td> <td><input type="checkbox"/> Premium Yellow</td> </tr> </table>	PFM	CVC	<input type="checkbox"/> Base (NP)	<input type="checkbox"/> Base (NP)	<input type="checkbox"/> Noble	<input type="checkbox"/> Economy Yellow	<input type="checkbox"/> High Noble	<input type="checkbox"/> Premium Yellow	Removable <input type="checkbox"/> Cast Partial <input type="checkbox"/> Acrylic Partial <input type="checkbox"/> Flipper <input type="checkbox"/> Denture <input type="checkbox"/> Occlusal Appliance <input type="checkbox"/> Hard Night Guard <input type="checkbox"/> Self Adjusting
PFM	CVC									
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Description Of Work / Design Preferences



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Contact Me About		
<input type="checkbox"/> Case Planning	<input type="checkbox"/> Contacts	<input type="checkbox"/> Shade
<input type="checkbox"/> Material Choices	<input type="checkbox"/> Occlusion	<input type="checkbox"/> New Products

By signing this prescription, you are authorizing us to begin work; as well as, you agree to the Great Impressions terms of service located on <https://www.greatimps.com/terms-of-business-and-warranty>. Our industry leading warranty policy is also located on the website.

Dr. Signature:	Date To Lab :
_____	_____/_____/_____
License Number:	Return Date :
_____	_____/_____/_____

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