

# Z Dental Lab TECH



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Dr. \_\_\_\_\_ Customer ID \_\_\_\_\_  
PLEASE PRINT CLEARLY OFFICE / LOCATION

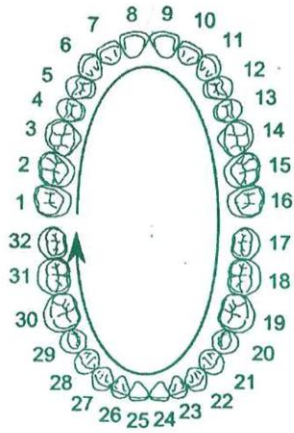
Patient \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  Female  Male  
LAST NAME FIRST NAME

FINISH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SHADE \_\_\_\_\_

- Implants  Custom Titanium Abutment  
 Custom Zirconia Abutment  
 Cementable  
 Screw Retained
- IPS e.max  Veneer  Inlay  
 Porcelain Fused to Zirconia  
 Multi Layerd Zirconia  
 Bruxzir Zirconia
- PFM  Semi  White  
FMC  Yellow  Non-Precious

- Upper  Lower
- Full Denture  Repair  
 Partial Denture w/ Vitallium  Reline  
 Valplast  Rebase
- Valplast Unilateral  
 Valplast Combo w/ Vitallium  
 Stayplate  
 Nightguard \_\_\_\_\_
- Ortho Retainer  
 Clear  
 Hawley

**Rx** SPECIFIC INSTRUCTION



ALL RESTORATION  
ARE MADE IN  
U.S.A

Dr's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IF NOT ENOUGH CLEARANCE:  Reduction Coping  Spot Opp.  Call Dr.