

Dental Dynamics Inc.

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Today's Date: _____

Due Date: _____

Dr: _____ Patient: _____

Tooth # _____ Shade: _____ PrepShade: _____

Implants

Abutment Type

Stock
Custom Cast
Custom Titanium
Tibase
Zirconia

Restoration Type

Temporary
Cementable
Screw Retained
All on 4 hybrid

Crown & Bridge

Emax	Temporary
Full Gold	Veneer
Diagnostic Waxup	

Zirconia Products

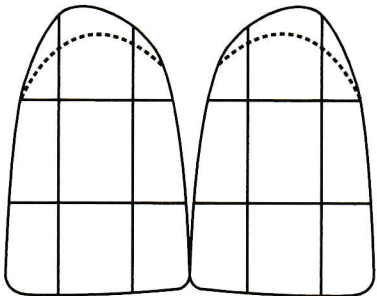
Dynamic ZR Full Strength Zirconia
Dynamic ZR High Trans Zirconia
Dynamic Layered Zirconia

Misc

Surgical Stent
Printed model
Surgical Guide

Notes:

Notes:



Lab use only

Date received: _____

Case # _____

Date packed: _____

Invoice # _____

Material used: _____

Implant parts:

Dr. Signature _____ Lic.# _____