Dentist		IMPLANTS LAB FORM		(Office use Only) JOB NUMBER
Surgery		Date Sent		
RPIC				
Due Date		M		
ITEM PROVIDED Impression	GOLD CROWNS Non-Precious Type IV Gold Sintron	INSTRU	<u>CTIONS</u>	
IMPORTANT INFORMATION REQUIRED Type of Implant System: Size:				
DIGITAL: Type of scan bodies				
Type of Restoration Co/Cr All in one				
48 (1) 38 12 11 47 (1) 37 14 13 13 15 15 17 18 18 17 18 17 18 18 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	21 22 23 24 24 25 PER 26 27 28			
		Occlusal staining Y/N		
For all digital work please upload	Shade:		_	
Suite 2, Level 6, 12-20 Flinders Lane, Melbourne, VIC 3000 T: (03) 9662 9599 E: rpiclab@gmail.com W: www.rpiclab.com Attending lab Drop Box Email Previous work				