



FITZGERALD DENTAL STUDIO

1135 Four Lakes Dr Suite I

Matthews NC 28105

980-237-0504

fitzgeraldstudio@gmail.com

DUE DATE:

SEAT DATE:

NAME:

AGE:

GENDER:

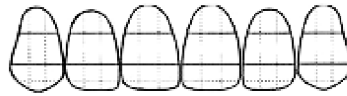
DR.

ENCLOSED:

- INSTARISA
- PHOTOS
- MODEL
- BITE
- IMPRESSION
- _____
- ARTICULATOR
- TEMPS
- OLD CROWN
- ANALOG

FINAL SHADE:

(Vita Classic is default.)



IMPLANTS

- DIRECT TO MUA
- MANUFACTURER/TYPE: _____

- TITANIUM BASE
-SCREW RETAINED

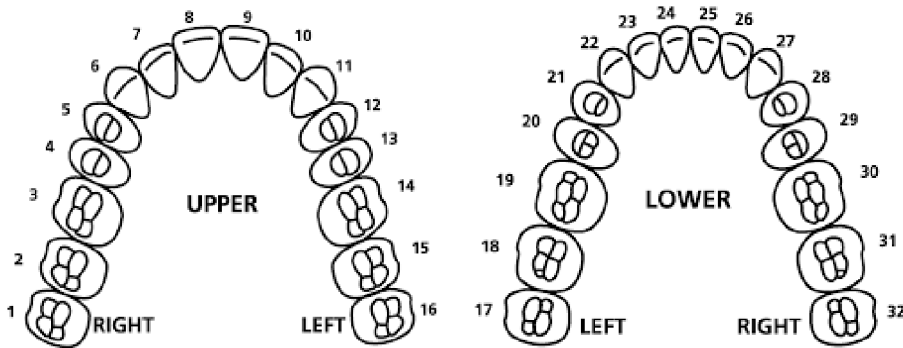
- CUSTOM ABUTMENT
 - SCREW RETAINED
 - CEMENT RETAINED

- TRU-ABUTMENT/DESS/MIST

- GENUINE PARTS*

- _____

**Genuine parts may incur additional costs.*



SPECIAL INSTRUCTIONS/OTHER:

CONTACT? YES NO CONTACT NAME/NUMBER: _____

SIGNATURE

DATE:

LIC#