



**BETTER WAY**  
— DENTAL LAB —

455 Church Street  
Fayetteville, Georgia 30214  
Office@Betterwaydentallab.com  
P: (404) 500-6368

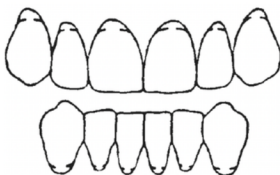
Dr. \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Due Date: \_\_\_\_\_

Patient: \_\_\_\_\_  
(Last) (First)

Case #: \_\_\_\_\_ Office Use Only: \_\_\_\_\_

<input type="checkbox"/> Crown	<input type="checkbox"/> Bridge
<input type="checkbox"/> Full Contour Zirconia	<input type="checkbox"/> Layered Zirconia
<input type="checkbox"/> Full Lithium Disilicate	<input type="checkbox"/> Layered Lithium Disilicate



\_\_\_\_\_  
**Shade**  
\_\_\_\_\_  
**Tooth #(s)**

Occlusal Contact	
<input type="checkbox"/> In Occlusion	<input type="checkbox"/> Light Occlusion
<input type="checkbox"/> Out 0.3 mm	<input type="checkbox"/> Out 0.5 mm

Implants	
Indicate Implant System: _____	
Implant Platform: _____	_____
Size	Length

Pontic Design	

Implant Abutment	
<input type="checkbox"/> Custom Titanium Abutment	<input type="checkbox"/> Anodized
<input type="checkbox"/> Custom Zirconia Abutment	

Interproximal Pressure	
<input type="checkbox"/> Normal	<input type="checkbox"/> Broad/Tight

Implant Crown Type	
<input type="checkbox"/> Screw Retained	<input type="checkbox"/> Cement Retained

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Signature: \_\_\_\_\_ Assistant: \_\_\_\_\_