ZERO BONE LOSS™ LAB

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Practice:_____ Patient:_____

Doctor:_____ Assistant:_____

Today's Date:_____ Due Date_____

FOR IMPLANT CROWN: PLEASE PROVIDE X-RAY OF FULLY SEATED SCAN POST

Tooth#_____
Implant System_____
Implant Size_____
TiBase Height____Width____
Shade_____

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Implant System_____
Implant Size_____
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Shade_____

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Implant Size_____
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Shade_____

ZERO BONE LOSS RESTORATIONS

Zero Bone Loss Monolithic Implant Crown_____

Zero Bone Loss Zirconia Abutment with Emax _____

Zero Bone Loss Zirconia Abutment with Layered Porcelain_____

Zero Bone Loss Zirconia Full Arch Zirconia Restoration_____

REMOVABLE APPLIANCE

- ❑ Kois Printed NG
- ❑ Kois Milled NG
- ❑ Kois Deprogrammer
- ❑ Sport-guard
- ❑ Essix retainer_____
- ❑ Kois Smile Design_____

GUIDED SURGICAL PLANNING

- ❑ TOOTH#_____
- ❑ IMPLANT NAME_____
- ❑ SIZE_____

PMMA PROVISIONALS

- ❑ PMMA Bridge_____
- ❑ PMMA All-On-Four_____
- ❑ PMMA Healing Abutment_____
- ❑ PMMA Implant Crown_____

RX:_____

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*Doctor Signature*_____

Follow our work on IG @zerobonelosslab