



6X6 DENTAL LAB

4934 West 95th Street
Oak Lawn, IL 60453
773. 557.7290
lab@6x6implantcenter.com

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 _____

Tooth# _____
Implant System _____
Implant Size _____
TiBase Height _____ Width _____
Shade _____

Tooth# _____
Implant System _____
Implant Size _____
TiBase Height _____ width _____
Shade _____

6X6 IMPLANT CENTER RESTORATIONS

6X6 Monolithic Implant Crown _____

☐ Approved by Dr Mataria ☐ Clinician approved only

6X6 Zirconia Abutment with Emax _____

☐ Approved by Dr Mataria ☐ Clinician approved only

6X6 Zirconia Abutment with Layered Porcelain _____

☐ Approved by Dr Mataria ☐ Clinician approved only

6X6 Zirconia Full Arch Zirconia Restoration _____

REMOVABLE APPLIANCE

- ☐ Kois Printed NG
- ☐ Kois Milled NG
- ☐ Essix
retainer _____

GUIDED SURGICAL PLANNING

- ☐ TOOTH# _____
- ☐ IMPLANT NAME _____
- ☐ SIZE _____
Choose one box below
- ☐ DR MATARIA APPROVED
- ☐ CLINICIAN APPROVED ONLY

PMMA PROVISIONALS

- ☐ PMMA Bridge _____
- ☐ PMMA All-On-Four _____
- ☐ PMMA Healing Abutment _____
- ☐ PMMA Implant Crown _____

RX: _____

Doctor Signature _____

Cases marked to be approved by Dr Mataria, are subject to a higher fee structure
All incomplete cases are hereby placed on hold until all necessary items are received
Payment rendered upon submission
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