



# 6X6 DENTAL 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 \_\_\_\_\_

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 _____	<input type="checkbox"/> Approved by Dr Mataria	<input type="checkbox"/> Clinician approved only
6X6 Zirconia Abutment with Emax _____	<input type="checkbox"/> Approved by Dr Mataria	<input type="checkbox"/> Clinician approved only
6X6 Zirconia Abutment with Layered Porcelain _____	<input type="checkbox"/> Approved by Dr Mataria	<input type="checkbox"/> 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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