



Aesthetic Reconstructions Dental Laboratory
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Patient (Print) _____ Age _____ ☐ M ☐ F

ALL CERAMIC

☐ e.Max ☐ CeltraPress ☐ Monolithic ☐ Layered Tooth #s _____	☐ Zirconia Full Contour (BruxZir) <i>Zirconia Layered</i> ☐ Complete Layered ☐ Facial Layered Tooth #s _____ ☐ Value + ☐ Premium
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PFM ☐ Non-Precious ☐ Semi-Precious ☐ Gold ☐ Metal-Occlusal FULL CASTS ☐ Non-Precious ☐ Semi-Precious ☐ Gold Tooth #s _____ ☐ Value + ☐ Premium	IMPLANT CROWNS ☐ Screw Retained ☐ 1 Piece ☐ 2 Piece ☐ Lab Cemented ☐ Chairside Cemented Tooth #s _____ ☐ Gold Abutment ☐ Titanium Abutment ☐ Zirconia Abutment Implant Brand _____ Implant Size _____
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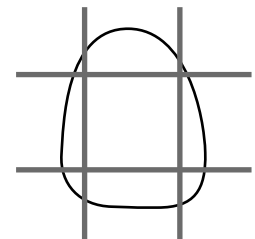
Special Instructions:

Detailed Shade Information

Cervical

Middle

Incisal



☐ Photos emailed to arlabs@arldental.com

email: _____

Date Sent: _____ Finish Date: _____

Doctor: _____ License #: _____ Phone: _____