



J.A. AVOTS LLC

Comprehensive Prosthodontics

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LAB USE ONLY

CLIENT INFORMATION

Dr. Name:

License #:

Email:

Address:

Phone:

Signature:

Fax:

PATIENT INFORMATION

Patient Name:

Date:

Due Date:

Prep Shade:

Desired Shade:

RESTORATIVE OPTIONS

e.max Monolithic

e.max Layered

Zirconia Pure

Zirconia Layered

Metal Ceramic

Porcelain To Finish Line

Porcelain Margin

Metal Occlusal

Gold Crown

Implant Brand/Size:

Implant Screw Retained:

Hybrid e.max

Hybrid Zirconia

UCLA Type Metalceramic

Implant Cement Retained:

Zirconia Abutment

e.max Abutment

Titanium Abutment

CrCo Abutment

Custom Gold Abutment



SPECIAL INSTRUCTIONS

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