

CROWN / IMPLANT ORDER FORM

☎ (844) 678-1700 ✉ contact.cidentistry@gmail.com 🌐 www.ciddentallab.com



OFFICE INFORMATION

Business Name: _____

Office Phone: _____

PATIENT INFORMATION

Patient Name: _____

Order Date: / / 20

Due Date: / / 20

Tooth #: _____

Shade: _____

FULL ZIRCONIA CROWN

9 working days

IMP

IOS

IMPLANT

12 working days

IMP

IOS

Implant Brand: _____

Size: _____

SPECIAL INSTRUCTIONS



*IMP= Impression

*IOS= Intraoral Scan





DENTURE ORDER FORM

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OFFICE INFORMATION

Business Name: _____

Office Phone: _____

PATIENT INFORMATION

Order Date: / / 20 Due Date: / / 20

Tooth #: _____ Shade: _____

10 working days

5 working days

4 working days

- Full Metal Frame
- Partial Metal Frame

- Full Teeth Arrangement
- Partial Teeth Arrangement
- Full Final Curing
- Partial Final Curing

- Stayplate (1 tooth)
- Stayplate (2-5 teeth)
- Night Guard (Hard / Soft)

SPECIAL INSTRUCTIONS

