



10448 W Garverdale Ct. STE 604
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Email: photos@udentalteam.com

Today's Date _____

Phone _____

Doctor _____ Due Date _____

Patient _____ Tooth # _____

Age _____ M/F

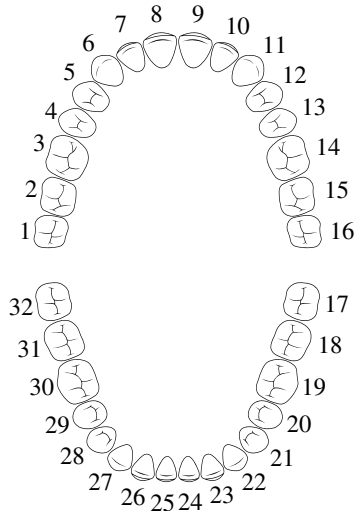
Shade _____

Restoration Type

- All Ceramic
- Zirconia
- Gold Crown
- Diagnostic Wax-Up
- Implant
 - Screw-Retained
 - Cement-Retained

Implant Fixtures:

Brand: _____
Size: _____



Instructions:

Signature _____

License# _____