



SEDATION & IMPLANT DENTISTS PATIENT REFERRAL

416 W. Las Tunas Dr. Suite 107, San Gabriel, CA 91776

THOMAS GONZALES, D.D.S.

SedationandImplantDentists.com

P: (626) 872-6352

Admin@SedationandImplant.com

Patient Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

UR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	UL
LR	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LL

Referral For: _____

Notes: _____

Referring Dentist: _____

Phone: _____ Date: _____

Website



SCAN ME

Directions



SCAN ME



SEDATION & IMPLANT DENTISTS LAB

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Doctor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient: _____ Age: _____ Male: Female:

Date Sent: _____ Date Due: _____

City: _____ State: _____ Zip: _____

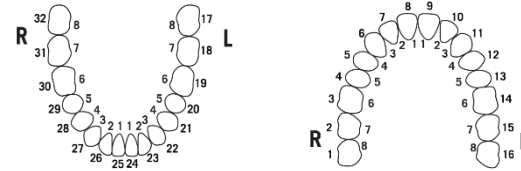


SHADE INSTRUCTIONS

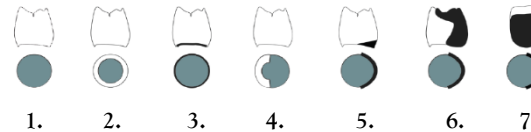
None Light Medium Dark

Shade: _____

Stamp: _____



PONTIC DESIGN



1. Show no metal 360°* (default)
2. All porcelain shoulder 360°** *MUST prep for this*
3. Metal collar 360°
4. Facial porcelain shoulder 180°
5. Lingual metal collar (traditional)
6. Metal or Zirconia occlusal
7. Metal or Zirconia lingual

RX INSTRUCTIONS:

Dentist Signature: _____

Dentist License #: _____ Date: _____

RESTORATION

Crown Bridge

METAL

White HN* Yellow HN
 Semi-precious Non-precious

ZIRCONIA / ALL CERAMIC

Zirconia Solid IPS e.max
 Zirconia Layered Lithium Disilicate
 Veneers Inlays
 e.max Parc to Zirconia

RETURN FOR

Die trim Bisque
 Metal try-in Finish

IMPLANT

Type: _____ Size: _____

Screw - retained restoration
 Cement - retained restoration
 Implant parts included

