



ZERO BONE LOSS™ LAB

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Practice: _____ Patient: _____
 Doctor: _____ Assistant: _____
 Today's Date: _____ Due Date: _____

FOR IMPLANT CROWN: PLEASE PROVIDE X-RAY OF FULLY SEATED SCAN POST

Tooth# _____	Tooth# _____	Tooth# _____
Implant System _____	Implant System _____	Implant System _____
Implant Size _____	Implant Size _____	Implant Size _____
TiBase Height _____ Width _____	TiBase Height _____ Width _____	TiBase Height _____ width _____
Shade _____	Shade _____	Shade _____

ZERO BONE LOSS RESTORATIONS

Zero Bone Loss Monolithic Implant Crown _____
 Zero Bone Loss Zirconia Abutment with Emax _____
 Zero Bone Loss Zirconia Abutment with Layered Porcelain _____
 Zero Bone Loss Zirconia Full Arch Zirconia Restoration _____

REMOVABLE APPLIANCE

- Kois Printed NG
- Kois Milled NG
- Kois Deprogrammer
- Sport-guard
- Essix
retainer _____
- Kois Smile
Design _____

GUIDED SURGICAL PLANNING

- TOOTH# _____
- IMPLANT NAME _____
- SIZE _____

PMMA PROVISIONALS

- PMMA Bridge _____
- PMMA All-On-Four _____
- PMMA Healing Abutment _____
- PMMA Implant Crown _____

RX: _____

Doctor Signature _____