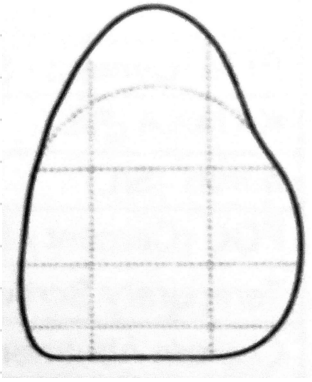


"ZUB" inc	Date _____	Due Date _____	type of work:	
Dental lab	Dr. Name: _____		wax-up/try-in	
25261 Paseo De Valenia, suit 2 Laguna Hills, Ca, 92637	Pt. Name: _____			
(818)644-2797	Data:		veneer	
dimitry.165@gmail.com	Impressions		implant crown(+ti b)	
Shade 	Bite registration		custom abutment	
	3D Impressions		ti-bar	
	Photo		night guard	
	CT		retainer	
	Additional Data:		surgical guide	
	materials		verification jig	
	3D print		custom tray	
	PMMA		model/3D model	
	ZrO2		wax occlusal rim	
	Lithium Disilicate		reduction coping	
cut-back (optionally)		dentures		
implant system				
size				

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

Other notes: