

Doctor/Practice Name _____

Patient Name _____

Signature _____

License # _____

Date _____

Case Due Date By 5 PM _____

GENDER

Male Female Age _____

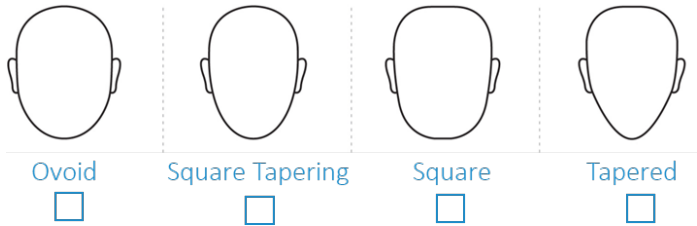
RESTORATION

Upper Lower

SHADE

Light (OM3) Medium (A1) Dark (A3)

FACE FORM



1 – IMMEDIATE DENTURE

Upper Lower

2 – 2nd STAGE

Verification Jig & Custom Tray
 Wax Rim / Bite Block Tooth set up Try in

3 – PROVISIONAL TRY-IN

Upper Lower

Implant Manufacturer:

OEM _____

SKDLA NON-OEM _____

INSTRUCTIONS



4 – FINAL RESTORATION

Zirconia Final Acrylic with Titanium Bar
 Crystal Ultra / Nanoceramics

** Default Gum Shade = Original Pink unless Light or Dark Pink is requested.*

DIGITAL FILES

3Shape TRIOS – digital@killiandental.com
 iTero – ID# 6167
 Sirona Connect – info@spectrumdental.com
 Medit Link – digital@killiandental.com
 Midmark (3M) – Killian Dental Ceramics
 Carestream – Killian Dental Ceramics

PHYSICAL IMPRESSIONS

SKDLA
 2850 Red Hill Ave.
 Suite 200
 Santa Ana, CA 92705
 1.800.317.7100