



Received Date:

ORDER #:

Delivery Date:

Blvd. Bernardo Quintana 55, local 15-2. Bosques del Acueducto. Entre Juan Caballero y Osio y Calzada Los Arcos. C.P. 76620 · Querétaro, Qro.

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EstheticDentalCenterMX

Dr.: _____

Phone Number: _____ Clinic: _____

Patient: _____

Impression

 Analog. Digital

Opositing

 Upper Lower

Bite Reg

 Analog. Digital

Facial Scan

 Yes No

Prototype/Mockup

 Yes No

Photographies

 Yes No

Other

Stump Shade

Final Shade

Shade Guide

MATERIAL

- Emax Mono Layered PMMA
- Zirconia Mono Layered Night Guard
- Feldspathic Surgical Guide
- Wax Perio Sx Guide
- Printed

Scanner: _____

IMPLANTS

Brand: _____ Diameter: _____

Sent Abutments and Quantity

_____ () _____ ()

_____ () _____ ()

Custom (Yes) (No) _____

OBSERVATIONS

First Payment: _____ Total: _____