

ORAL RECONSTRUCTION & COSMETIC ARTISANS OF HOUSTON, LLC

Date Due: Patient: Dr:		
Single Unit(s): Posterior		
☐ High Translucent Zirconia ☐ Emax (Monolithic)	Shade:	Email Photos to: miguelonelo@yahoo.com
Custom Anterior(s):		
☐ Zirconia ☐ Emax	Instructions:	
Implants: Custom Cad/Cam Abutments		
Titanium		
Ceramic		
Screw Retained (Micro Layered)		
☐ Posterior	Dr. Signature	Lic. #
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