Orca of Houston

ORAL RECONSTRUCTION & COSMETIC ARTISANS OF HOUSTON, LLC

Date Due: _____ Patient: _____

Dr: _____ Age: _____ ○ M ○ F

Single Unit(s): Posterior

- ☐ High Translucent Zirconia
- ☐ Emax (Monolithic)
- ☐ Translucent Zirconia

Custom Anterior(s):

- ☐ Zirconia
- ☐ Emax

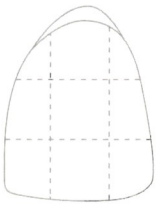
Implants: Custom Cad/Cam Abutments

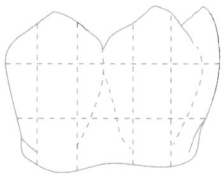
- ☐ Titanium
- ☐ Ceramic
- ☐ Ti Base
- Screw Retained (Micro Layered)
- ☐ Anterior
- ☐ Posterior

Night Guards

- ☐ **All on X**
- ☐ **flexTAP** (Sleep Management)
- ☐ Hard
- ☐ Soft (Semi-Flexible)

○ 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





Instructions:

Shade: _____ Email Photos to: miguelonelo@yahoo.com

_____ _____

Dr. Signature License #

26077 Nelson Way, Suite 1307 • Katy, TX 77494
Phone: (713) 840-8501 • Fax: (713) 840-8502 • e-mail: miguelonelo@yahoo.com • www.orcadentallab.com