VIVIDSMILES
DENTAL LAB

1211 12th St. Ste #1, Saint Cloud, FL 34769
407.205.9693
vividsmileslab@gmail.com

DATE: _____
DUE DATE: _____

PATIENT:_____

PRACTICE NAME:_____

ADDRESS:_____

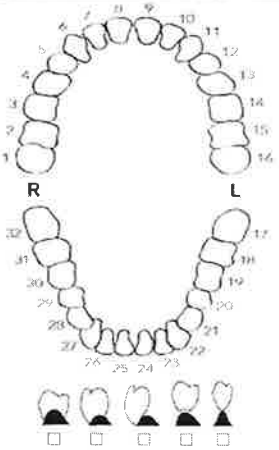
_____

DR:_____

DOCTOR
SIGNATURE:_____

RESTORATION TYPE:
__CROWN __VENEER
__BRIDGE __INLAY/ONLAY
ALL CERAMIC RESTORATIONS:
__MONOLITHIC ZIRCONIA
__PORCELAIN FUSED TO ZIRCONIA
__E.MAX PRESSED
TEMPORARY:
__PMMA TEMPORARY CROWN
PFM & FULL METAL:
NON-PRECIOUS__PFM __FULL
SEMI-PRECIOUS__PFM __FULL
HIGH NOBEL __PFM __FULL
__YELLOW GOLD __WHITE GOLD
IMPLANTS:
__CUSTOM IMPLANT ABUTMENT (TI)
__CUSTOM IMPLANT ABUTMENT (HYBRID)

LICENSE #:_____



NOTES:_____

_____

_____

_____

_____

VIVIDSMILES
DENTAL LAB

1211 12th St. Ste #1, Saint Cloud, FL 34769
407.205.9693
vividsmileslab@gmail.com

DATE: _____
DUE DATE: _____

PATIENT:_____

PRACTICE NAME:_____

ADDRESS:_____

_____

DR:_____

DOCTOR
SIGNATURE:_____

RESTORATION TYPE:
__CROWN __VENEE
__BRIDGE __INLAY/ONLAY
ALL CERAMIC RESTORATIONS:
__MONOLITHIC ZIRCONIA
__PORCELAIN FUSED TO ZIRCONIA
__E.MAX PRESSED
TEMPORARY:
__PMMA TEMPORARY CROWN
PFM & FULL METAL:
NON-PRECIOUS__PFM __FULL
SEMI-PRECIOUS__PFM __FULL
HIGH NOBEL __PFM __FULL
__YELLOW GOLD __WHITE GOLD
IMPLANTS:
__CUSTOM IMPLANT ABUTMENT (TI)
__CUSTOM IMPLANT ABUTMENT (HYBRID)

LICENSE #:_____

R
L

NOTES:_____

_____

_____

_____

_____