**CROWN** 

**SIGNATURE:** 



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		DEI	NTISTRY INFOR	MATION		
1. OFFICE	DENTISTRY NAME					
2. DOCTOR	FIRST NAME LAST NAME					
2. <b>50010</b> K						
		P/	ATIENT INFORM	ATION		
1. NAME	FIRST NAME LAST NAME					
	*Please <b>PRINT</b> a patient's name. Some handwriting is difficult to read (and results in production delays).					
				STUMP SHADE FINAL SHADE		
2. TOOTH #			3. SHADE			
4. DUE DATE	1	1	5. AGE (Optio	nal) :	6. SEX (Optional) :	□ M □ F
			CDCW/N CDT	ONG		
			CROWN OPTI	ONS		
PFZ (Layered)	FULL ZIRCONIA (Monolithic)	DISILLICATE (Emax Type)	PFM / PFG	FMC / FGC	IMPLANT TYPE	ABUTMENT
☐ JU PFZ	☐ JU FULL ZIR	CROWN	☐ PFM NP	☐ FMC NP	CEMENT	TITANIUM
PRETTAU	☐ BRUX type	VENEER	☐ PFG SEMI	☐ ECONOMY YG	SCREW RETAINNER	ZIRCORNIA
LAVA	☐ KATANA type	☐ INLAY/ONLAY	☐ PFG WG / YG	RICH YG	UCLA	☐ CAST-METAL
CONTACT	INISTRI	<b>JCTIONS</b>		□ REDO		
PROX.	INSTRUCTIONS			* Reason:		
TIGHT						
MEDIUM						
LIGHT						
☐ VERY LIGHT						
OCCL.						
TIGHT			7~~	10	23 24 25	26
MEDIUM			0		22 (1)	27
LIGHT			5	)T 12	21 (3)	28
OUT OF OCCL			4 (3)	70 13	20 🖫	(I) 29
LICENSE #:			3 (F) - 2 (F)	JPPER E	14 19 LOWER	F) 30

**Cerec Sirona**: Ju Dental Lab **iTero**: 20390 **3Shape**: judentlab@gmail.com **DDX Portal** / **Meditlink** / **CS connect**: Ju Genesis Lab \* **TERMS**: NET 30 DAYS **5%** SERVICE CHARGE OVER **30** DAY COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY CUSTOMER Unless previously noted or requested, JU Genesis Lab will be milling FDA approved NON-BRANDED custom abutments. **www.jugenesis.com**