PURCHASE ORDER



Client No.					Date:				
Dr. / Lab. Name:				F	Phone:				
Address:									
Patient's Name:				(Gender:	Male	F	emale 🗌	
Age: Next Appointment Date:				Time:					
All fields must be complete in full in order to comply with the medical devices directive Please Disinfect Dental Impressions And Prosthesis Prior To Shipment									
18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28 48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38 8 7 7 7 6 5 7 7 6 5 5 4	Case Stage: Try-In Framework Try-in Ceramics Finish								
	Shade Instructions: Surface Texture: Glazed Polish: Incisale Translucency: Smooth High Gla Minimal 0.5 mm								
	Prepared Tooth Shade Grey Discolored Natural Cervical Mid Body incisale								
Additional Instructions:	Mater TITAN PMMA	rial Type: zircor	nia 🗌 r	nultilayer zircon nultilayer zircon	`	Nickel-Chro		CAD/CAM	
Crown & Bridge Instructions:									
	Crown Bridge Full contour crown Inlay/Onlay Post &core Veneer Provisional PMMA Maryland Bridge Full Anatomy With Buccal Cutba								
Implant instructions:									
	Implant Information Restoration Type / Abutment Choice								
Doctor Signature & Stamp Mandatory	Implant Type	Platform Diameter	Screw Retained	Screw Retained hybrid	Cement Reta Ti Abutment	ined Zr Abutment	Implant Bar Type	Attachment Type	
Beirut - Lebanon – Zalka - Highway Noura Bldg – Amaret Chalhoub Tel: +961 1 903 300 Mob: +961 70 144 044 sales@tcidental.com	Addit	ional Por	storation	ne:					
Brussels – Belgium – 31 Rue De Saphir – 1030 Brussels – Tel : +32 2 734 85 65 Mob : + 32 475 263 026 info@tcidental.com	Additional Restorations: Bleaching Tray P.E.I. Transparent Night Guard Soft / Hard Dual Full Arch Printed Master Model Quadrant Arch Printed Model Occitusion Wax								

[&]quot;The person signing this form is an authorized signer and, along with the Dental practice, accepts responsibility for payments of ALL related charges as well as any legal costs."