



**MIDWEST Oral Surgery
& Dental Implants**

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Digital Impression Lab Script

Restoring Dentist:

Scan Date:

Dentist Phone:

Dentist Fax:

Patient:

Chart #:

Surgeon:

System:

Site and Size:

Circle/Fill In Choices

Custom Shade by Lab: Yes / No

OMS Shade Patient (No Anteriors): Yes / No

Tooth Shade: _____

Lab: Dental Designs Kiess Kraft Reliable AAA Midwest Dental Arts Ace Dental Studio

Apex Dental Lab Spectrum Dental Lab Glidewell

Abutment: Titanium (Ti) Titanium Nitride (TiN); Gold in color Zirconia

Crown Type: Screw Retained Cement Retained Unsure/Lab Preference

Crown Material: Gold PFM PFZ Emax Zirconia

Notes/Instructions:

★ **Dentist Signature is Required:** _____ **Date:** _____

★ **Return Fax to Attn:** Haley at 402-390-9336 or email to itc@midwestoms.com