

## DIGITAL IMPRESSION FORM

Dentist Dr. \_\_\_\_\_

Dentist Phone \_\_\_\_\_

Patient \_\_\_\_\_

Scan Date \_\_\_\_\_

Laboratory \_\_\_\_\_ Tooth # \_\_\_\_\_

Tooth Shade: Body \_\_\_\_\_ Incisal \_\_\_\_\_ Gingival \_\_\_\_\_

### **Circle Choices**

**Abutment:** Titanium                      Titanium Base                      Zirconia

**Planned crown type:** Screw retained                      Cement retained                      Unsure

**Crown Material:**  
Zirconia                      Gold                      PFM                      PFZ                      E.Max                      Full

**Notes:**

**Dentist Signature** \_\_\_\_\_

**Please Email or Fax this form to us:    402-317-5647 or [frontdesk@vpoms.com](mailto:frontdesk@vpoms.com)**

**Allow 4 weeks from scan date to schedule delivery of implant restoration.**