

DENTIST \_\_\_\_\_

PATIENT \_\_\_\_\_

DATE WANTED

\_\_\_\_\_

**TO: WILLIAMS DENTAL LABORATORY**

151 WEST 18TH ST. / ERIE, PA 16501  
P.O. BOX 402 / ERIE, PA 16512  
DIAL 814 / 452-2984  
TOLL FREE 800 / 351-2472  
FAX 814 / 454-3417

**IMPLANT PRESCRIPTION**

SYSTEM UTILIZED:

DIAMETER & PLACEMENT

ZIMMER DENTAL ( )

NOBELBIOCARE ( )

IMPLANT DIRECT ( )

BIOMET 3 I ( )


OTHER \_\_\_\_\_

TYPE OF APPLIANCE:

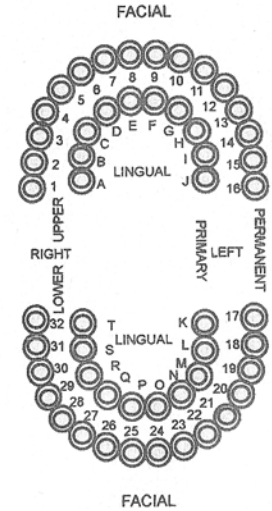
PARTS SUPPLIED:

Design and Estimates Upon Request  
Semi-Precious Metal used in ALL Phases of  
Metal Implant Fabrication

**TOOTH INFORMATION**

 INDICATES TEETH  
MARKED FOR  
THIS CASE

SHADE \_\_\_\_\_



**SPECIFIC INSTRUCTIONS**

**SEX**

- MALE
- FEMALE

**PERSONALITY**

- MILD
- AVERAGE
- VIGOROUS

**OCCUSAL STAINING**

- LIGHT
- MEDIUM
- HEAVY
- NONE

DR. \_\_\_\_\_

DATE: \_\_\_\_\_