

Paragon Esthetics Inc.

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paragonesthetics@sbcglobal.net

Surgeon/Specialist: _____

General Dentist: _____

Patient: _____

Date: _____

Due Date: _____

Office Location _____

(Please Circle)

Implant

Nobel Biocare

Conical Connection Replace Select

Size

3.0 NP RP WP 6.0

Temporary

Yes No

Shade _____

Restoration Custom Abutment

Metal--- Gold-----Titanium

Zirconia

Screw-retained

Surgical Guide

Flipper

Notes:

Signature _____