

DIGITAL PREFERENCE

Doctor: _____

Practice: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Point of Contact: _____

Email: _____

Contacts: Tight/Broad _____ Light _____

Occlusion: Heavy _____ Light _____ Out _____

Minimal Thickness: 0.6mm (default): _____ 1.0mm _____

Printed Model: Yes _____ No _____

Implant Scan Body Manufacturer: _____

Interested in _____ Scan Body



877.552.7238 Fax: 912.355.1007
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classiccraftdental.com

If you have any questions contact Adam Smith at
Classic Craft Dental Laboratory at 877.552.7238.

