



## DENTIST INFO

Group / Practice Name: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

## PATIENT INFO

First name: \_\_\_\_\_  Female

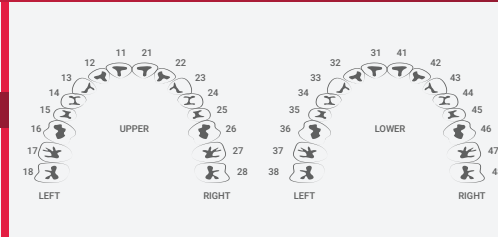
Last name: \_\_\_\_\_  Male

## RX DATE

Patient Appointment \_\_\_\_\_

## TOOTH NUMBER(S)

\_\_\_\_\_



## SHADE

DESIRED \_\_\_\_\_



STUMP \_\_\_\_\_

## FIXED RESTORATION

### DESIGN

Crown  Inlay/Onlay

Bridge  Post & Core

Veneer

### TYPE OF RESTORATION

Full Zirconia  PFZ

High Translucent Zirconia  PMMA

Multi-Layered Zirconia  Full Metal

Emax  PFM

### TYPE OF METAL

Non Precious

Semi-Precious

High Noble

### IF NO OCCLUSAL CLEARANCE

Reduction Coping

Adjust Opposing

Email

### OCCLUSAL CONTACT

Heavy  
 Light\*  
 No

### PONTIC DESIGN

## COSMETIC & DESIGN SERVICES

Digital Design

Printed Model required

Exaclear Stent

Putty Key

## SPECIAL INSTRUCTIONS

\_\_\_\_\_

## ENCLOSED WITH CASE

\_\_\_\_\_ MODEL

\_\_\_\_\_ SHADE TAB

\_\_\_\_\_ BITE

\_\_\_\_\_ IMPRESSIONS

\_\_\_\_\_ PHOTOS

\_\_\_\_\_ METAL TRAYS

\_\_\_\_\_ TEETH

\_\_\_\_\_ ARTICULATOR

OTHER \_\_\_\_\_

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