

Dentist:	Date Sent:	
Clinic Name:	Date Due:	
Patient Name:	Age:	Gender:

RESTORATION TYPE

- Crown
- Bridge
- Full Metal Crown (Gold or Metal)
- Veneer
- Onlay/Inlay
- Post and Core
- Diagnostic Wax Up
- Implant Screw Retained (occlusally)
- Implant Cement Retained
- Implant System _____
- Implant Diameter _____

MATERIAL TYPE

- Porcelain to Metal (PFM)
- Composite
- Other
- E-Max
- Monolythic E-Max
- Empress
- Zirconia
- Monolythic Zirconia

METAL TYPE

- Non-Precious White*
- Yellow Bonding Gold*
- Semi Precious*
- Yellow Gold Type III

*Alloys To Be Used for PFM (Porcelain to Metal)

CONTACTS

- Light
- Medium
- Heavy-Scrape Cast

OCCLUSION

- Out
- Slightly Out
- Touching

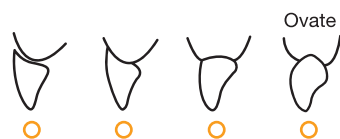
IF NO OCCLUSAL CLEARANCE

- Metal Occlusal
- Reduction Coping
- Adjust Opposing
- Call Me

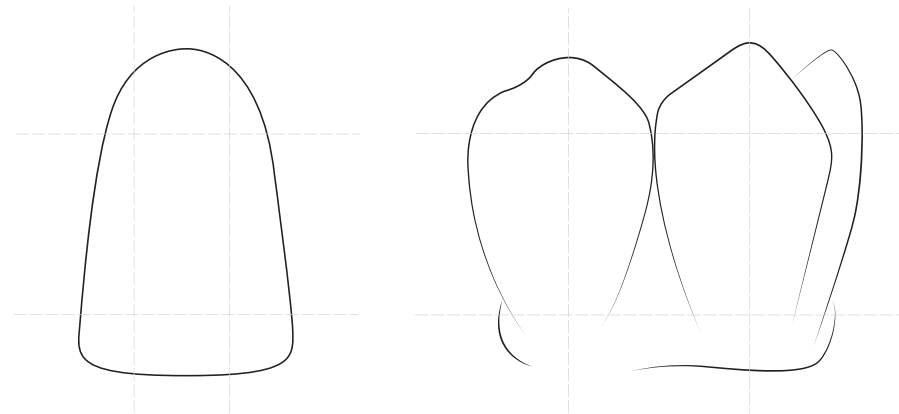
METAL DESIGN



PONTIC DESIGN



INSTRUCTIONS



Shade _____ / Photo

Shade _____ / Photo