

Dr.: _____

Dr's Address: _____

Dr's Phone #: _____ Dr's Email: _____

Patient: _____ M F

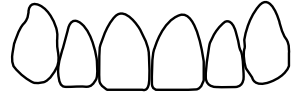
SPECIFIC INSTRUCTIONS

Finish Date _____ Time _____

R_x
TOOTH
NUMBER

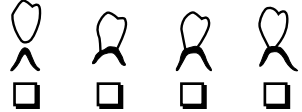
SHADE INSTRUCTIONS

SHADE NO. _____



Stump Shade _____

PONTICS






OCCUSAL STAINING

- NONE
- LIGHT
- MEDIUM
- DARK

INSTRUCTION FOR BUCCAL MARGIN

- Metal Collar
- Metal Porcelain Junction Margin
- Porcelain Butt Margin

-  Metal Coping With Porcelain Coverage
-  Metal Occlusal Excluding Buccal Cusp
-  Metal Occlusal Including Buccal Cusp

ENCLOSED WITH CASE

- Imp
- Bite
- Models
- Pictures
- Other:
- es*theTEK ZIRCONIA
- BruxZir® ZIRCONIA
- Porc. Fused to Zirconia Coping
- IPS E.MAX PRESSABLE CERAMICS CROWN
 - Full
 - Inlay/Onlay
 - Veneer

- PORC. FUSED TO NON-PRECIOUS
- PORC. FUSED TO WHITE GOLD
- PRESSED PORC. TO METAL
- FULL METAL CROWN
- FULL GOLD CROWN
- IMPLANT
 - Metal Abutment
 - Zirconia Abutment

Signature: _____

D.D.S. License #: _____

- Electronic Invoice
- Electronic Statement