

DOCTOR INFO

DR.NAME: _____

GROUP / PRACTICE NAME: _____

Phone: _____ Email: _____

PATIENT INFO

First name: _____ Female Age: _____

Last name: _____ Male

Due date: _____ Date sent: _____

CROWN & BRIDGE

- Full Zirconia
- High Translucent Zirconia
- Porcelain Fused to Zirconia
- Emax Crown
- Emax Veneer
- Full Metal
 - Non-Precious
 - Semi-Precious
 - High Noble
- Porcelain Fused to Metal

DENTURE

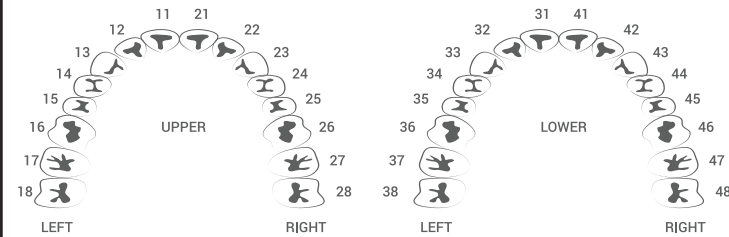
- ARCH**
- UPPER LOWER
- STAGE**
- TRY-IN FINISH IMMEDIATE
- TYPE OF TEETH**
- Pro Standard
- Aesthetic (Cosmetic)

- TYPE OF DENTURE**
- Cast Metal Framework
- Flexible
- Acrylic

OTHER/ SPECIFY BRAND

TYPE OF CLASP FOR ACRYLIC

FRAMEWORK DESIGN



SPECIAL INSTRUCTIONS

FINAL SHADE _____

STUMP SHADE _____
must for all ceramic

ENCLOSED WITH CASE

- _____ MODEL
- _____ SHADE TAB
- _____ BITE
- _____ IMPRESSION
- _____ PHOTO
- _____ TEETH
- _____ ARTICULATOR
- OTHERS _____

IMPLANT

- Implant System _____
- Implant Platform _____
- Custom Titanium Abutment
 - Ti Base
 - Screw Retained
 - Cement Retained

NOTE

OCCLUSAL CONTACT

- No
- Light
- Heavy

PONTIC DESIGN

-
-
-
-
-

APPLIANCE

UPPER LOWER

- Soft Nightguard
- Hard Nightguard
- Hard/Soft Nightguard
- Essix Retainer
- Hawley Retainer
- Space Maintainer

IF NO OCCLUSAL CLEARANCE

- Call Doctor
- Adjust Opposing
- Adjust Prep
- Metal Stop/Occlusion