



Dr's Name: _____

Pt. Name: _____

Age: _____

Gender M F

Date: _____ **Return Date:** _____

Type of Restoration

IPS Empress

e.max

Zirconia

Esthetic Zirconia

(Translucent)

Temporary Crown

(PMMA)

PFM:

White High Noble

Yellow High Noble

Full Cast:

White Noble

Yellow Noble

Implant Services

Custom Abutment (Zirconia / Titanium)

Cement Retained Screw Retained

Stock Abutment

UCLA (Cast Abutment)

Hybrid over Ti-Base

Temporary Abutment

Surgical Guide

Shade

Inc. _____

Body _____

Ging. _____

Stump Shade _____

Services

DSD (Digital Smile Design)

Diagnostic Wax-Up

Temp Stent

Prep-Guide

Lab Use

Impression

Facebow

Opposing Model

Imp. Post

Working Model

Analog

Study Cast

Articulator

Bite

PORCELAIN TO METAL DESIGN

Porcelain Butt Margin _____ Yes _____ No



Detailed Instructions

Dr's Signature _____ License Number _____

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