

Date _____ 20 _____

Doctor _____

Address _____

Telephone () _____

Deliver to: _____

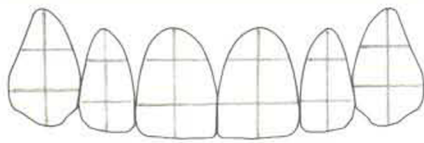
PATIENT'S FULL NAME (IMPORTANT - PLEASE PRINT) _____

CROWN & BRIDGE

Due Date / time _____

Shade:

Tooth # _____



Stump Shade _____ ☐ Digital shade match or photos

Age _____

☐ Male

☐ Female

E.max

☐ Solid E.max

☐ Layered E.max

Zirconia

☐ HT ☐ XT

☐ Solid Zircoia

☐ Layered Zirconia

Gold

☐ Noble

☐ High Noble

☐ Other _____

Porcelain Fused to Metal:

☐ White - High Noble

☐ Yellow - High Noble

☐ White - Noble

☐ Non Precious

IMPLANTS

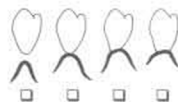
Brand _____

Platform Size _____



☐ Small Metal Collar 360°

PONTICS



MARGIN DESIGN



☐ Porcelain shoulder



☐ Metal porc. junction



☐ Porcelain shoulder



☐ Metal porc. junction

Occlusal Staining:

☐ Light

☐ Medium

☐ Heavy

☐ Would like a phone call regarding: _____

Instructions: _____

Version 07.19

Dr. Signature _____

License # _____

Date _____ 20 _____

Doctor _____

Address _____

Telephone () _____

Deliver to: _____

PATIENT'S FULL NAME (IMPORTANT - PLEASE PRINT) _____

REMOVABLES

Due Date / time _____

☐ Upper

☐ Lower



MAX.



Shade



MAND.

Age _____

☐ Male

☐ Female

Nightguards

☐ Digital Flexible Nightguard

☐ Suckdown Retainer

☐ Snoreguard

☐ Essix

☐ Upper ☐ Lower

Notes _____

Dentures/Partials

☐ Impression Tray

☐ Bite Block

☐ Setup

☐ Finish

Version 7.19

Dr. Signature _____

License # _____