

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

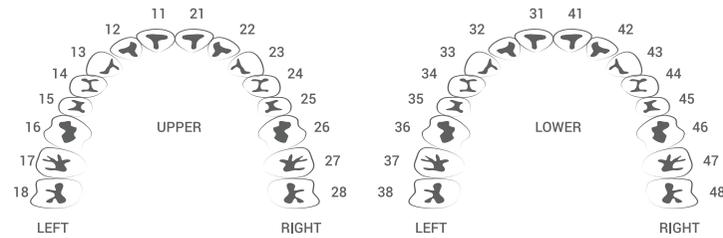
- ARCH**
 UPPER LOWER
- STAGE**
 TRY-IN FINISH IMMEDIATE
- TYPE OF TEETH**
 Pro Standard
 Aesthetic (Cosmetic)

- TYPE OF DENTURE**
 Cast Metal Framework
 Flexible
 Acrylic

OTHER/ SPECIFY BRAND

TYPE OF CLASP FOR ACRYLIC

FRAMEWORK DESIGN



ENCLOSED WITH CASE

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

IMPLANT

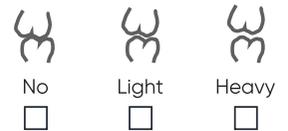
- Implant System _____
 Implant Platform _____
- Custom Titanium Abutment
 - Ti Base
 - Screw Retained
 - Cement Retained

SPECIAL INSTRUCTIONS

 FINAL SHADE _____  STUMP SHADE _____
must for all ceramic

NOTE

OCCLUSAL CONTACT



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