

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Date Send : \_\_\_\_\_ Due Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\*one day before seat appointment

Try-In  Bisque  Set-up  Finish  Call Doctor

**TYPE OF RESTORATION**

Full Cast Crown  
 Porcelain to Metal  
 Laminate Veneer  
 All Ceramic  
 Removable  
 Sculpture / Fiber Reinforced

**MATERIAL**

Non-Precious  Zirconia  
 Semi-Precious  UT 720  
 High Noble : Yellow  ST1200  
 High Noble : White  E.max  
 Captek (AGC)

**MARGIN DESIGN**

Buccal Hairline or \_\_\_\_\_mm collar  
 Lingual Hairline or \_\_\_\_\_mm collar  
 Metal Porcelain Junction Margin  
 Porcelain Butt Margin Facial  
 Lingual Button:  Yes  No

**Stump**  
 Shade : \_\_\_\_\_ Mould : \_\_\_\_\_

**PONTIC DESIGN**

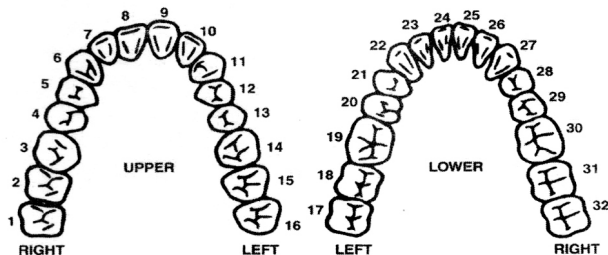
**IMPLANTS**  
 Implants Manufacturer :

**ITEMS ENCLOSED :**

<b>INCISAL TRANSLUCENCY</b>	<b>OCCLUSAL CLEARANCE</b>	<b>CONTACT</b>	<b>OCCLUSAL STAIN</b>
<input type="checkbox"/> Minimal (0.5 mm) <input type="checkbox"/> Moderate (1.0 mm) <input type="checkbox"/> Maximum (1.5 mm)	<input type="checkbox"/> In Occlusion <input type="checkbox"/> Foil Relief <input type="checkbox"/> Out of Occlusion <input type="checkbox"/> Ideal	<input type="checkbox"/> Point <input type="checkbox"/> Normal <input type="checkbox"/> Tight <input type="checkbox"/> Broad	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy

If Insufficient Room :  Reduce and Mark  Reduction Coping

**Rx Special Instructions**



Dr. Signature \_\_\_\_\_ License # \_\_\_\_\_

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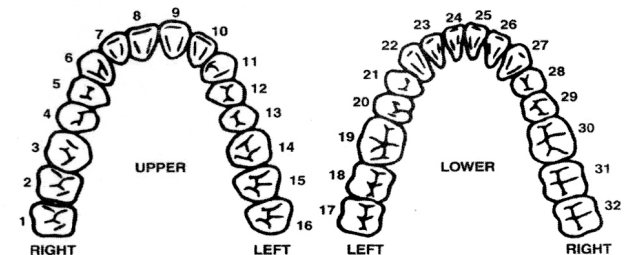
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