

INCOMING DATE \_\_\_\_\_

DUE DATE	MON	TUES	WED	THURS	FR
HOUR					

PLEASE DO NOT SCHEDULE PATIENT ON THIS DAY.

DR. NAME \_\_\_\_\_

DR. PHONE \_\_\_\_\_

(M)  (F)

PATIENT NAME \_\_\_\_\_

AGE \_\_\_\_\_

SEX: \_\_\_\_\_

**TYPE OF RESTORATION**

- Porcelain fused to metal     Cosmetic  
 Implants     Diagnostic Wax Up

**PFM**

- Fused to Non-Precious  
 Fused to Semi-Precious (Noble)  
 Fused to White High Noble  
 Fused to Yellow High Noble

**Implant Crowns**

- Cement Retained  
 Screw Retained

**ABUTMENTS**

- Hybrid Zirconia  
 Custom Cast Abutment  (SP Metal)  
 (Non-Precious)  
 Re-Shape (Prefabricated)

**TEETH NUMBERS (CIRCLE)**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

**SHADE**



- Vita Classic  
 Vita 3D  
 Chromascop  
 Noritake

**E-MAX**  Veneer  Crown

- Press/Stain  Cut Back  Full Layering  
 (Monolithic) (Microlayering)

Desired Shade \_\_\_\_\_ Stump Shade \_\_\_\_\_

**OCCCLUSAL STAINING**

- None  Light  
 Medium  Dark

**ZIRCONIA**

- Zirconia Layer  
 Facial Layer  
 Full Zirconia Translucent

**MARGIN DESIGN**

- Porcelain Margin 180°  
 Porcelain Margin 360°

**FINISHING**

- Unglaze Try-In  
 Finish

**IF THERE IS UNDERCUT**

- Call Doctor  
 Reduce Die And Mark  
 Reduction Coping

**IF NO OCCCLUSAL CLEARANCE**

- Spot Opposing  Reduction Coping  
 Call Doctor

**Instructions:**

**TEMPORARIES**

- PMMA

\_\_\_\_\_  
Dentist Signature

\_\_\_\_\_  
Lic. No.