

Dr. _____ Date _____

Patient _____ Age _____ M _____ F _____

Due Date _____ Shade _____

Porcelain to Metal

- White High Noble
 Noble
 Non-Precious
 Yellow High Noble

Full Cast

- White High Noble
 Noble
 Non-Precious
 Yellow High Noble
 Noble
 Y + 2%

INDICATE LENGTH OF INCISAL AND OTHER CHARACTERISTICS



Pontic Tissue Design Circle One



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

DESIGN:

- A _____ H _____
 B _____ J _____
 C _____ K _____
 D _____ L _____
 E _____ M _____
 F _____ N _____
 G _____ P _____

Porc. Margin

INSTRUCTIONS:

All Ceramic

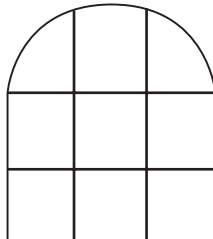
- IPS Emax
 Full contour Zirconia

Implant

- Custom Abutment
 Zirconia
 Titanium
 Other _____

Oral Surgeon _____

Shade Blend Cervical



Incisal

INCOMING DATE _____
 OUTGOING DATE _____
 SHADE GUIDE ENC _____
 STUDY MODEL ENC _____
 OLD CROWN ENC _____
 METAL _____ DWT _____ GRS _____

Lot# _____

ref# _____

AUTHORIZED SIGNATURE :
LICENSE NUMBER:

Thank you,
 Jason Hamilton, CDT