



19504 Amaranth Dr., Suite D, Germantown, MD 20874

571-201-4043

Dr.: _____ Phone _____

Patient : _____ Dr. Acc.# _____

DUE DATE : _____

Sent Date : _____

TEETH NUMBER (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

CROWN / BRIDGE

ALL-CERAMIC		PFM	FULL CAST CROWN
<input type="checkbox"/> Full Zirconia (Monolithic)	<input type="checkbox"/> Veneer	<input type="checkbox"/> Non Precious	<input type="checkbox"/> Yellow gold (%)
<input type="checkbox"/> Zirconia (Porc. Layered)	<input type="checkbox"/> IPS Empress	<input type="checkbox"/> Semi Precious	<input type="checkbox"/> White High Noble
<input type="checkbox"/> E-Max (Monolithic)	<input type="checkbox"/> Lava Ultimate	<input type="checkbox"/> White High Noble	<input type="checkbox"/> Semi Precious
<input type="checkbox"/> E-Max (Porc. Layered)		<input type="checkbox"/> Yellow High Noble	<input type="checkbox"/> Non Precious

MARGIN DESIGN	IF INSUFFICIENT ROOM	PONTIC DESIGN (Circle)
<input type="checkbox"/> Porcelain Butt Margin <input type="checkbox"/> Show No Metal <input type="checkbox"/> Metal Lingual Collar <input type="checkbox"/> Metal M.D. Lingual Collar <input type="checkbox"/> 360° Metal Collar	<input type="checkbox"/> Reduce Opposing <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Metal Occlusal / Island <input type="checkbox"/> Please Call	
OCCLUSION STAINING PREFERENCE		
<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark		
INCISAL TRANSLUCENCY		
<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy		

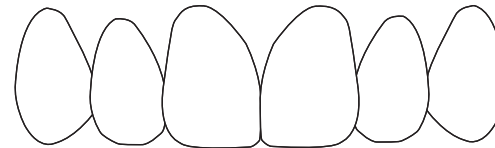
IMPLANT

ABUTMENT MATERIAL	ABUTMENT EMERGENCE PROFILE
<input type="radio"/> Screw Retained <input type="checkbox"/> Zirconia (Monolithic) <input type="checkbox"/> Zirconia (Porc. Layered) <input type="checkbox"/> PFM	
<input type="radio"/> Cement Retained <input type="checkbox"/> Zirconia Abutment <input type="checkbox"/> Titanium Abutment <input type="checkbox"/> Milling Abutment (Gold) <input type="checkbox"/> Stock Abutment	

TAPER PREFERENCE	MARGIN TAPE	GINGIVA CONTACT AREA SHAPE
<input type="checkbox"/> 2 Degrees <input type="checkbox"/> 4 Degrees <input type="checkbox"/> 6 Degrees <input type="checkbox"/> Other _____	<input type="checkbox"/> Bevel (Knife Edge) <input type="checkbox"/> Moderate Chamfer (0.3/0.4/0.5) <input type="checkbox"/> Deep Chamfer (0.6 and above) <input type="checkbox"/> Other _____	<input type="checkbox"/> Concave <input type="checkbox"/> Straight <input type="checkbox"/> Convex



SPECIFIC INSTRUCTIONS



Final Shade
Stump Shade
<input type="checkbox"/> Finish <input type="checkbox"/> Metal Try-In <input type="checkbox"/> Bisquit Bake Try-In <input type="checkbox"/> Return for Ditch Die <input type="checkbox"/> Other _____

Dr. Signature _____

License # _____