

DR. _____ patient _____

DR. phone _____ shade _____

Rx _____ date _____ due date mm/dd _____ time _____ age _____ sex m f
prep shade _____

PFM # _____

- high noble noble base metal

FULL METAL # _____

- high noble noble yellow white

ZIRCONIA # _____

- full contour full contour esthetic pfz

ALL CERAMIC # _____

- e.Max e.Max layered empress esthetic

IMPLANT # _____

brand _____ size _____

- custom → titanium gold zirconia
 stock → titanium zirconia

ENCLOSED WITH CASE

- opposing bite analog
 # of impressions old crowns shade tab
 impression post pics partial
 study model other _____






DESIGN PREFERENCE

- posterior** full porcelain lingual metal margin
 360 metal margin full metal occlusal

- anterior** full porcelain lingual metal margin
 3/4 lingual metal full lingual metal

- porcelain butt margin design** 180° 360°

pontic design

-     
 harmony cone ovate hygienic ridge lap



* doctor license _____ doctor signature _____