

Date Sent: _____

Case Number

Date Due: _____

Address: _____

Postal Code: _____

Mobile: _____

Contact : _____

Dentist: _____

Patient: _____

We sent: Impression Model Bite Study Model Abutement Other

FIXED RESTAURATIONS


Restaurations Crown/ Bridge/ Veneer/ Inlay/Onlay

PFM Full Metal Cast Post+Core
 E-max Telescop Composite TemporaryPMMA
 Zirconia(With porcelain) Full Zirconia(Solid zirconia)

Alloy

Ni/Cr Co/Cr Titanium Alloy Semi-Precious (PD/AG)
 High Noble(40%Au) High Noble(74%Au)

Pontic

 Full RIDGE
  PARTIAL RIDGE
  Modified Partial Ridge
  Deep Into Gum

Metal Design

 full metal lingual
  Full porcelain coverage no metal exposed
  Metal lingual collar
  3/4 metal lingual
  Metal lingual collar
  Metal margin
  1/2 metal occlusal
  Full metal occlusal

Occlusal Contact: Open Light Heavy

Proximal Contact: Light Normal Tight

Embrasure: Close Normal Open for Cleaning

Occlusal Staining: None Light Medium Heavy

REMOVABLE RESTAURATIONS

Restauration Upper/ Lower

Partial Chrome (framework) Set up teeth
 Valplast Expander/Retainer
 Acrylic-Denture Occlusal spling
 Bite rims Bleaching tray
 Special tray Invisaligra(refiners)
 For try-in finish acrylic finish in Valplast

Tooth: _____ Gingival: _____
 SHADE: _____ Body: _____
 _____ Incisal: _____



SPECIFIC INSTRUCTION

