

Address: _____

Postal Code: _____

Mobile: _____

Contact : _____

Dentist: _____





Patient: _____


 We sent: Impression Model Bite Study Model Abutement Other

FIXED RESTAURATIONS

 Restorations Crown/ Bridge/ Veneer/ Inlay/Onlay
 PPM Full Metal Cast Post+Core
 E-max Telescop Composite Temporary PMMA
 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

 Tooth _____
 Shade: _____

 Gingival: _____
 Body: _____
 Incisal: _____


SPECIFIC INSTRUCTION: _____

