




Dr.: _____ Office: _____ Phone: _____

Patient : _____ / _____
(FIRST) (LAST) ☐ Male ☐ Female

DUE DATE (by 5PM) _____

Rx Date : _____

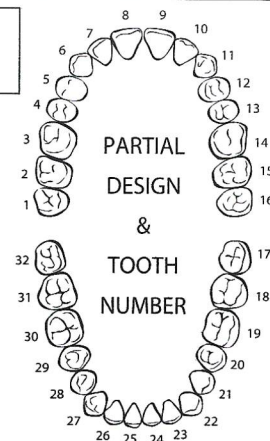
CROWN / BRIDGE	IMPLANT	REMOVABLE
ALL CERAMIC <input type="checkbox"/> Solid Zirconia <input type="checkbox"/> KATANA <input type="checkbox"/> PFZ (Porcelain Fused to Zirconia) <input type="checkbox"/> e.max <input type="checkbox"/> e.max Layered <input type="checkbox"/> e.max Veneer ALLOY BASED <input type="checkbox"/> PFM <input type="checkbox"/> Full Metal CHOOSE ALLOY <input type="checkbox"/> Non-Precious <input type="checkbox"/> Semi-Precious <input type="checkbox"/> High Noble White <input type="checkbox"/> High Noble Yellow OTHER <input type="checkbox"/> Diagnostic Wax-Up <input type="checkbox"/> Fit to Partial <input type="checkbox"/> Temporary Crown <input type="checkbox"/> Other _____ TYPE OF MARGIN <input type="checkbox"/> Porcelain Facial Margin <input type="checkbox"/> Metal Lingual Band <input type="checkbox"/> Porcelain Margin 360° <input type="checkbox"/> Metal Margin 360°	ABUTMENT TYPE <input type="checkbox"/> Custom Titanium <input type="checkbox"/> Custom Zirconia <input type="checkbox"/> UCLA <input type="checkbox"/> Stock Abutment RETENSION CHOICE <input type="checkbox"/> ONE-PIECE Screw-Retained <input type="checkbox"/> TWO-PIECE Cement-Retained <input type="checkbox"/> No Access Hole-Not Retrievable <input type="checkbox"/> Access Hole-Retrieval ADDITIONAL OPTION <input type="checkbox"/> Abutment Seating Jig <input type="checkbox"/> Gold-Hue Abutment <input type="checkbox"/> Splint Restorations implant System : _____ Implant Platform Size _____ Abutment Emergence Profile <div style="display: flex; justify-content: space-around; align-items: center;">    </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Surgical Placement Tissue Displacement No Tissue Displacement </div>	<input type="checkbox"/> FULL DENTURE <input type="radio"/> Upper <input type="radio"/> Lower <input type="checkbox"/> PARTIAL DENTURE <input type="radio"/> Upper <input type="radio"/> Lower <input type="radio"/> Acrylic <input type="radio"/> Flexible <input type="checkbox"/> STAGE <input type="radio"/> Try In <input type="radio"/> Finish <input type="checkbox"/> FRAME WORK <input type="radio"/> Regular <input type="radio"/> Vitallium <input type="checkbox"/> NIGHTGUARDS <input type="radio"/> Hard <input type="radio"/> Hard / Soft <input type="radio"/> Thermal TEETH TYPE <input type="checkbox"/> Regular <input type="checkbox"/> Premium OTHER <input type="checkbox"/> Stayplate <input type="checkbox"/> Reline <input type="checkbox"/> Repair

OCCUSAL CONTACT

☐ In Occlusion ☐ Out of Occlusion ☐ Light Occlusion



SHADE



Dr's Signature _____ Lic. # _____