



DOCTOR'S NAME

PHONE

PATIENT

AGE

SEX

DATE SENT

DUE DATE

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

SHADE \_\_\_\_\_

TEETH RESTORED # \_\_\_\_\_

TOOTH TEXTURE \_\_\_\_\_

PONTIC DESIGN \_\_\_\_\_

BITE  CLASS 1  CLASS 2  CLASS 3

OTHER \_\_\_\_\_

**RIDGE RELIEF:**

YES \_\_\_\_\_  NO \_\_\_\_\_

**ALL CERAMIC RESTORATION:**

- EMAX
- PRIME
- OTHER \_\_\_\_\_
- PORCELAIN LAYERED ZIRCONIA
- FULL CONTOURED ZIRCONIA (BRUXZIR)

**FULL CAST CROWNS:**

- HIGH NOBLE (60%)
- NOBLE (40%)
- SILVER/PALLADIUM (SP)
- BASE METAL (NP)
- OTHER \_\_\_\_\_
- WAX UP**

**PORCELAIN FUSED TO METAL:**

- SEMI PRECIOUS
- HIGH NOBLE
- NON PRECIOUS
- OTHER \_\_\_\_\_

**OCCLUSAL:**

- METAL
- PORCELAIN
- METAL ISLAND STOP

**MARGINS/FACIAL:**

- PORCELAIN BUTT
- PORCELAIN TO METAL
- METAL COLLAR

**MARGINS/LINGUAL:**

- PORCELAIN TO METAL
- METAL LINGUAL
- METAL COLLAR
- KDA GUARD**

ADDITIONAL/COMMENTS:

DOCTOR'S SIGNATURE

LICENSE#

**\* PLEASE KEEP YELLOW COPY\***