

Clinic Name: _____

Doctor: _____

Patient Name: _____

Phone: _____

Age: _____

Appointment Date: _____

Shade: _____ Trial Finish

Fixed

Contacts: Open Closed

Tooth Number: _____

Zirconia:

- Translucent (ST)
- Monolithic (HT)
- Cutback
- PFZ

Metal Design:

- No Metal
- Metal Lingual
- Lingual Band
- Metal Contacts
- Buccal Band
- Metal Occlusal

IPS e.max Lithium Disilicate:

- Milled IPS e.max
- Pressed

All Metal:

- Gold Noble Alloy 2%
- Gold High Noble Alloy 60%

PFM:

- Base
- Noble
- High Noble
- Porcelain Butt Shoulder

Pontic Design:

- Partial Ridge
- Full Ridge
- No Contact
- Point Contact
- Heavy Relief
- Slight Relief

- Diagnostic Wax Up**
- Temporary PMMA Crown**

Orthodontics

Appliance Type: _____

- Upper Lower
- Clear Splint
- Hard
- Soft
- Dual Laminate
- Gelb
- Hawley Retainer
- Proform Mouthguard
- Night Guard
- Essix

Implants

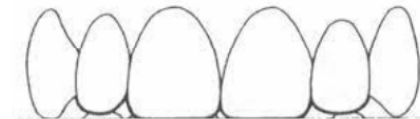
Manufacturer: _____

Diameter: _____ **Model:** _____

- Titanium
- Anodized
- ASC
- Cement Retained
- Screw Retained
- Cement In Lab

Tissue Blanching: Minimal Moderate Aggressive

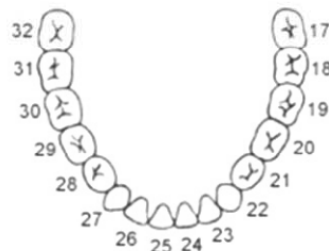
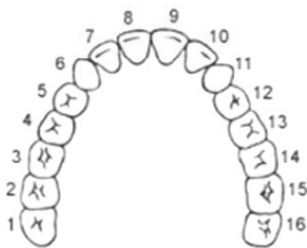
Characterization



- Vigorous
- Delicate
- Soft

Additional Instructions

- Bags
- Rx
- Labels
- Boxes
- Fee Schedule



License Number: _____

Signature: _____

Date: _____