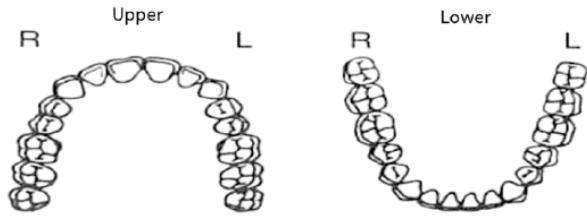


Dental technology with infinite solutions

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1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Dentist: _____

RETURN Date Requested: _____

Dental Office: _____

Patient Name: _____
Male Female Age: _____

Characteristics: None Very Light Medium Visible Full

Alloy:
Titanium Non-Precious Semi-Precious High Noble
White Yellow

Order No. _____

Shade Detail:

Cervical: Yes No SHADE _____

Body: _____ SHADE _____

Incisal: _____ SHADE _____

Translucency: Yes No SHADE _____

ZIRCONIA E.MAX PFM
 PEEK TITANIUM Layered Monolithic

Instructions:

Impression _____
 Upper
 Lower

Study Model _____

Opposing Model _____

Bite Registration _____

Kois Analyzer Plate _____

Articulator _____

Implant Brand _____

Implant Part(s) _____

Photos Emailed _____

CALLBACK _____

Shade Guide:
 Vita 3D
 Vita Classic
 Ivoclar Chromascope
 Other (specify) _____

Mamelons Yes No

White /Opalescent Ridges Yes No

Other:

Pre-Booked: _____

Date Sent: _____

Signature: _____

Internal Notes

Date received _____

Date Finished / Sent back _____

Phone Log dates called: _____

Notes: _____

