



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: _____
