Pan# Dr#	Dent	al Tech Tean
Date	R	ESTORATIVE Rx
Doctor	Requested Return Date	
Address	E-n	nail
City	State Zip	Phone
Patient		M/F Age
Lithium Disilicate	□ Emax	☐ GC Lisi
Zirconia		
□ 3y □ 4y Specialty	□ 5 y	
□ Multicolor □ Mult	tilayer	,
Full Cast Gold ☐ Type II (Inlays & Onlay	rs) ☐ Type III	(Crowns & Bridges)
Value (Brightness) High = Bright 030/B0 Medium = 240/D2 Low = Dark 540/C4 Other Occlusal Halo None Bamboo (Pale Yellow) Bamboo/Orange Copper Lt. Brown		Circle Teeth #'s to be Restored
Terms: Invoice due 15 days for	nm statement date. Hanaid halances will h	o charged 45 days from statement date

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Shade			Prep Shade w/T	ooth #'s	
Pit/Fissure stain Color	☐ None ☐ Yellow	☐ Light ☐ Orange	☐ Medium ☐ Brown	☐ Heavy ☐ Dark Brown	
Hypo Calcification	. 🗆 Light	\square Medium	☐ Heavy	☐ See Photos	
OK to relieve oppos	sing?	🗆 YES	□ NO		
OK to relieve prep.?		🗆 YES	□ NO	☐ w/Reduction Coping	
Items Included			Impression - Qty		
□ Opposing Impres		op	erative models		
☐ Model or Impres			- Qty	Photos Email or	n(date):
Scan Submitted With:	: Cerec	Connect	3Shape Trios	ITero 🗆 Lava C.O.S	date
Preferred method	of communic	ation:	none 🗆 E-mail		
410					
		1990			
	100				
				9	
			77.00		