Russo Dental Laboratory

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www.russodentallab.com

Sent Date _____ **Due Date** _____

Doctor Name _____ Patient's Name _____

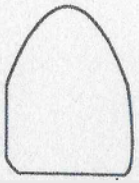
Doctor's Phone _____ Gender: Male/Female Age _____

- ◯ Full Contour Zirconia
- ◯ Layered Zirconia
- ◯ I.P.S.E-Max
- ◯ Layered I.P.S. E-Max
- ◯ Porcelaine-Fused-To-Metal
- ◯ Full Gold Crown

Characterization Chart

Anterior

Translucency Intensity	◯ Light	◯ Heavy
Translucency Volume	◯ Light	◯ Heavy
Lobing	◯ Light	◯ Heavy
Texture	◯ Light	◯ Heavy

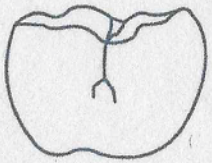


Prep-Stump Shade _____ Final Shade _____

Specific Instructions

Posterior Occlusal

Stain Color	◯ Light	◯ Heavy
Stain Placement	◯ Light	◯ Heavy
Hypo-Calcification	◯ Light	◯ Heavy



DL12019

Doctor's License # _____ Doctor's Signature _____

Metal Work

All Metal

- ◯ Non-Precious
- ◯ Y+ 2% Yellow Gold
- ◯ Semi-Precious
- ◯ High Nobel

Pontic Design

- ◯ Ovate
- ◯ Full Lap
- ◯ Modified Ridge Lap

Metal Design

- ◯ Porcelain Butt Margin
- ◯ No Collar
- ◯ Metal Band
- ◯ Lingual Band Only
- ◯ Metal Lingual
- ◯ Metal Occlusal

- ◯ Diagnostic Wax-Up
- ◯ PMMA Temporaries

Length of Centrals
_____ MM (Margin to Incisal Edge)

Other Instructions