



Doctor _____ Date _____

Clinic _____ Due Date _____

Patient _____

Age _____ Sex _____

PORCELAIN UNITS

- ☐ Zirconia Aesthetic
- ☐ Zirconia Full Contour
- ☐ Emax Aesthetic
- ☐ Emax Full Contour
- ☐ Veneer
- ☐ PFM

GOLD UNITS

- ☐
- Full Gold Crown

IMPLANT ABUTMENT

- ☐ Straumann
- ☐ Nobel Biocare
- ☐ Hiossen
- ☐ Megagen
- ☐ ETC.

TYPE

- ☐ Single
- ☐ Bridge
- ☐ Implant
- ☐ Inlay / Onlay
- ☐ Diagnostic Waxup
- ☐ Night Guard

OCCLUSION

- ☐ Positive
- ☐ Light
- ☐ Out of occlusion

Pontic TYPE

Saddle Ridge lap Modified ridge lap Ovate Conical

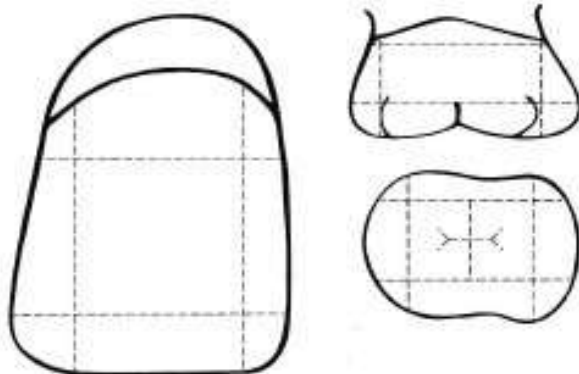


Tooth No. _____

SHADE _____

Stump Colour _____

Picture _____



- ☐
- Bite Registration
- ☐
- Impression Tray
- ☐
- Digital File