



DR: _____ DATE: _____

PATIENT: _____ SEX: M F AGE: _____

Da Vinci
DENTAL STUDIO INC.
Crafting Aesthetic Excellence

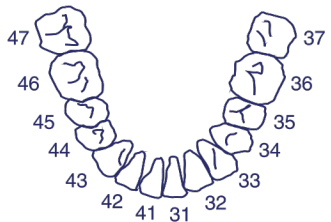
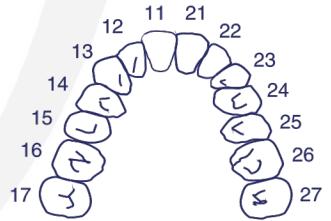
DATE REQUIRED: _____ AM PM








Rx

Shade Specification:

PLEASE INDICATE CASE REQUIREMENTS BELOW

- A. Metal** Precious Semi-prec. Non-prec.
- B. Occlusion** Metal Porcelain
- C. Centric contact** Foil relief Positive contact Cusp fossa
- D. Lateral excursion** Cuspid guidance Group function
- E. Margin adaptation** Exactly to finish line Slight overextension
- F. Labial margin** Fine metal collar Porcelain butt margin Porcelain to margin



G. Pontic design	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
H. Contacts (embrassures)	1. Broad  <input type="checkbox"/>	2. Normal  <input type="checkbox"/>	3. Point  <input type="checkbox"/>	<input type="checkbox"/>