

DR. _____ Phone : _____

Please Print Clearly

Office Name _____

Patient _____ Sex : ☐ M ☐ F Age _____

DUE DATE : / /

Delivery by 5:00pm
Please allow 10 working days.

PORCELAIN FUSED TO METAL

- ☐ Porc. to Non-Precious
- ☐ Porc. to Semi-Precious
- ☐ Porc. to White Gold
- ☐ Porc. to Yellow Gold
- ☐ Porc. to Captek / Auribond 97

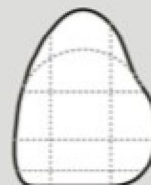
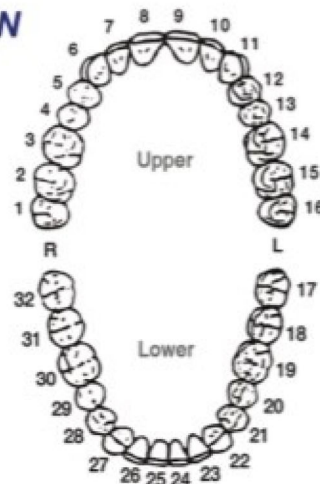
ALL-CERAMICS

- ☐ Full Zirconia / BruxZir
- ☐ Porc. Zirconia Layered
- ☐ Veneer
- ☐ IPS e.max
- ☐ e.max In / Onlay
- ☐ Composit In / Onlay

☐ **IMPLANT**

- ☐ Full Metal Crown
- ☐ Full Gold Crown

Rx SPECIFIC INSTRUCTION

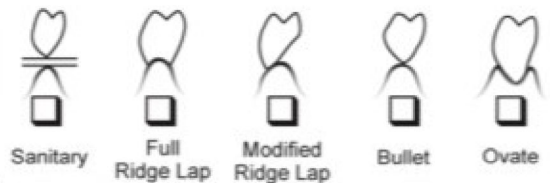


Shade

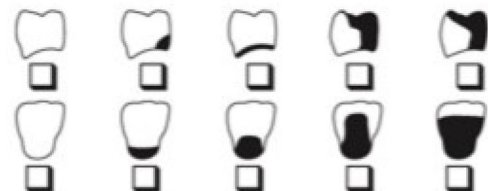
CONTACT : T M L
☐ ☐ ☐

OCC. BITE : T M L
☐ ☐ ☐

PONTIC DESIGN



Margin / Metal Design



If No Occlusal Clearance

- ☐ Call Doctor
- ☐ Metal Occlusion