

REQUIRED INFORMATION

Dentist: _____ Clinic: _____
 Patient: _____ Gender: M / F
 Case #: _____ Lic #: _____ Date Sent: _____ Date Due: _____

FIXED RESTORATIONS

Porcelain to Metal

- ☐ PFM CoCr NP
- ☐ Semi-Precious
- ☐ High Noble
 - ☐ High Noble Yellow
 - ☐ High Noble White

Full Metal Cast

- ☐ Full Metal Cast NP
- ☐ Full Gold Crown
 - ☐ 2%
 - ☐ 40%
 - ☐ 62%

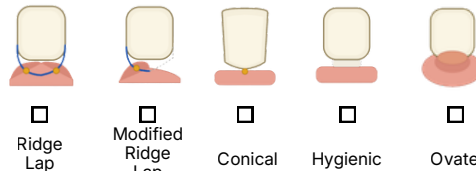
Metal-Free Crowns

- ☐ Layered Zirconia
- ☐ Full Zirconia
- ☐ 3D Multi-Layered Zirconia
- ☐ Emax Veneer
- ☐ Emax

OTHERS

- ☐ Maryland Bridge
- ☐ Temporary PMMA
- ☐ Diagnostic Wax-Up
- ☐ Porcelain Margin
- ☐ Pink Porcelain
- ☐ Post/Inlay/Onlay

PONTIC



IMPLANT

Retention Type

- ☐ Screw Retained
- ☐ Cement Retained

Abutment Type

- ☐ Custom Abutment
- ☐ Ti-Base

Other

- ☐ All on X

DESIGN OPTIONS

Contact

- ☐ Light
- ☐ Normal
- ☐ Heavy

Stain

- ☐ None
- ☐ Light
- ☐ Medium

Occlusal

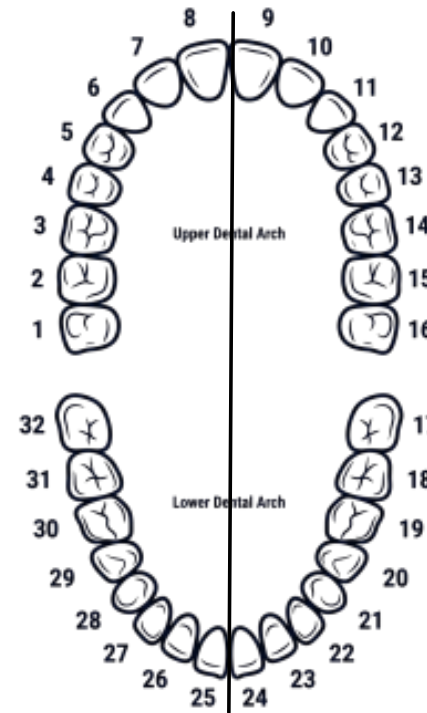
- ☐ Light
- ☐ Tight
- ☐ Out by .3mm
- ☐ Out by .5mm

Embrasure

- ☐ Close
- ☐ Open
- ☐ Normal
- ☐ Heavy

- ☐ Metal Occlusal/Lingual
- ☐ Lingual Band

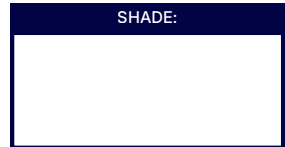
Crown & Bridge



STUMP SHADE:



SHADE:



SPECIFIC INSTRUCTIONS:

*Send all photos to kinglabdigital@gmail.com

Signature

Date