

**DENTISTRY INFORMATION**

<b>1. OFFICE</b>	DENTISTRY NAME	
<b>2. DOCTOR</b>	FIRST NAME	LAST NAME

**PATIENT INFORMATION**

<b>1. NAME</b>	FIRST NAME		LAST NAME	
*Please <b>PRINT</b> a patient's name. Some handwriting is difficult to read (and results in production delays).				
<b>2. TOOTH #</b>		<b>3. SHADE</b>	STUMP SHADE	FINAL SHADE
<b>4. DUE DATE</b>	/	/	<b>5. AGE</b> (Optional) :	<b>6. SEX</b> (Optional) : <input type="checkbox"/> M <input type="checkbox"/> F

**CROWN OPTIONS**

PFZ (Layered)	FULL ZIRCONIA (Monolithic)	DISILICATE (Emax Type)	PFM / PFG	FMC / FGC	IMPLANT TYPE	ABUTMENT
<input type="checkbox"/> JU PFZ	<input type="checkbox"/> JU FULL ZIR	<input type="checkbox"/> CROWN	<input type="checkbox"/> PFM NP	<input type="checkbox"/> FMC NP	<input type="checkbox"/> CEMENT	<input type="checkbox"/> TITANIUM
<input type="checkbox"/> PRETTAU	<input type="checkbox"/> BRUX type	<input type="checkbox"/> VENEER	<input type="checkbox"/> PFG SEMI	<input type="checkbox"/> ECONOMY YG	<input type="checkbox"/> SCREW RETAINER	<input type="checkbox"/> ZIRCORNIA
<input type="checkbox"/> LAVA	<input type="checkbox"/> KATANA type	<input type="checkbox"/> INLAY/ONLAY	<input type="checkbox"/> PFG WG / YG	<input type="checkbox"/> RICH YG	<input type="checkbox"/> UCLA	<input type="checkbox"/> CAST-METAL

**CONTACT**

**PROX.**

- TIGHT
- MEDIUM
- LIGHT
- VERY LIGHT

**OCCL.**

- TIGHT
- MEDIUM
- LIGHT
- OUT OF OCCL

**INSTRUCTIONS**

**REDO**

\* Reason :

**LICENSE # :** \_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_

