

Dr _____ Phone _____ Date _____

Patient _____

Due Date

- Zirconia E-Max PFM FGC PMMA

Margin

- Porcelain
 Porcelain to Metal
 Metal Collar

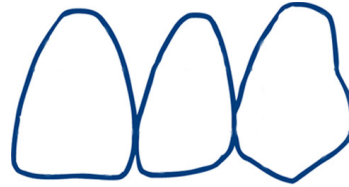
Occlusion

- Porcelain
 Combination
 Metal

Metal

- Gold
 Semi
 Base

Shade _____

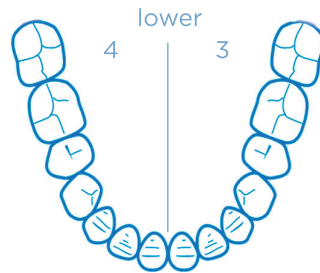
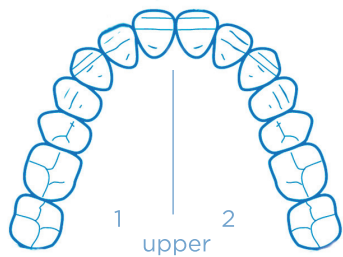


- CUD CLD URPD LRPD Nightgaurd

Implant System _____ Diameter _____

R_x

Special Instructions:



Doctor's Signature