



Due Date (Not Appt.): \_\_\_\_\_

Patient Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_ M \_\_\_\_ F

Doctor: \_\_\_\_\_

License #: \_\_\_\_\_

Tooth #: \_\_\_\_\_ Shade \_\_\_\_ Prep

## Fixed Restorations

- ☐ Zirconia Ful Contour
- ☐ Multi-Layered Zirconia
- ☐ Porcelain Fused to Zirconia (PFZ)
- ☐ E.max
- ☐ Porcelain Fused to Metal (PFM)
- ☐ Full Cast Crowns
- ☐ Implant Screw Retained
- ☐ Implant Cement Retained

## Implants

Type: \_\_\_\_\_

Size: \_\_\_\_\_

## Metal

- ☐ Non-Precious
- ☐ Semi-Precious
- ☐ High Noble

## Removable Appliances

- ☐ Acrylic Denture
- ☐ Stayplate (1-3 teeth)
- ☐ Acrylic Partial (with clasps)
- ☐ Cast Metal Partial
- ☐ Flexible Partial
- ☐ Nightguard (Hard)
- ☐ Nightguard Dual-Layer
- ☐ Sports Guard
- ☐ Repair
- ☐ Reline: \_\_\_\_\_ Soft \_\_\_\_\_ Hard

## Process

- ☐ Custom Tray
- ☐ Bite Block
- ☐ Set-Up/Try-In
- ☐ Finish
- ☐ Other: \_\_\_\_\_

## Special Instructions:

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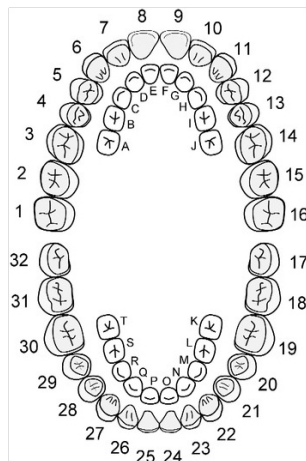
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_