Call or Text: 703-938-2599
Email: info@artisanlabusa.com
4433 Brookfield Corporate Drive
Suite E
Chantilly, VA 20151

Patient Name (Please Print)

Practice Name

Due Date (Day BEFORE the Patient's Appointment)

/ / : AM PM

Dr. Name

Tooth # _____

Zirconia (1100 MPa)

☐ Porc. Facing #_____ ☐ PFZ #_____
☐ Full Zirconia Crown #_____

HT Zirconia: Prettau Anterior (600 MPa)

☐ #_____

Emax (400 MPa) ☐ #_____

☐ Porc. Facing #_____ ☐ Full (Mono) #_____

PFM

☐ WHN ☐ SP ☐ NP ☐ Yellow HN ☐ Try-in

☐ *Butt Margin* #_____ ☐ *Metal Occlusal* #_____
☐ *Survey / Rest* #_____ ☐ *Metal Lingual* #_____

Metal Collar ☐ None ☐ Lingual ☐ 360°
☐ 0.5 mm ☐ 1 mm ☐ 2 mm

Full Metal

☐ Yellow HN ☐ WHN ☐ SP ☐ NP

Implant

Implant Part

Part enclosed

☐ Impression coping / Screw _____
☐ Abutment _____ ☐ Lab Analog _____
☐ Screw _____ ☐ Other _____

Implant Type

☐ Cement Type ☐ Screw Type
☐ Cement Type with Screw Access Hole

Abutment Type

☐ Titanium ☐ Zirconia ☐ UCLA ☐ Stock

Occlusal Contact (0.003 Tin Foil Relief)

☐ Tight ☐ **Light** ☐ Out of Contact

Occlusal Stain

☐ None ☐ **Light** ☐ Medium ☐ Dark

If there is not enough occlusal clearance

☐ Reduce Opposing ☐ Reduce Abutment/prep
☐ Call to discuss

SHADE

Stump _____ Final _____

☐ Custom ☐ Call ☐ E-Mail ☐ Old Crown

TEETH NUMBERS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Signature _____ Date _____ Lic. # _____