

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. # \_\_\_\_\_