

FIXED PROSTHETICS

RESTORATION TYPE

- Crown
- Bridge
- Veneer
- Inlay / Onlay
- Implant Screw Retained
- Implant Cement Retained

Implant Brand _____

Other _____

Embrasure

- Natural
- Closed
- Open

Occlusal Contact

- Heavy
- Light
- Open

Proximal Contact

- Normal
- Broad

Pontic Design

- Oval
- Ridge Lap
- Hygienic

Occlusal Staining

- None
- Medium
- Light
- Dark

Dentist Name _____

Address _____

Suburb _____ State _____ Zip _____

Patient Name _____ Age _____

Date Sent _____ Date Needed _____ Time Needed _____ AM/PM _____

Lab use only

PRODUCT / MATERIAL

- Zirconia Layered
- Full Zirconia Crown
- IPS e.max® (Pressed)
- IPS e.max® Layered

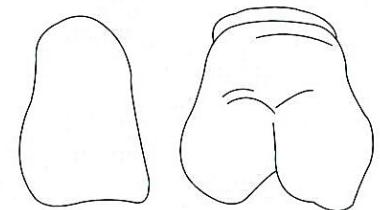
PFM / FGC

- Premium PFM:
 - Semi-Precious
 - Precious (Yellow Gold)
- Standard PFM:
 - Semi-Precious
 - Precious (Yellow Gold)
- Full Gold Crown:
 - Non-Precious (CoCr)
 - Precious (Yellow Gold)

FINAL SHADE _____

STUMP SHADE _____

Tooth Number _____



USE PHOTO FOR SHADE DIAGRAM



INSTRUCTIONS / COMMENTS