

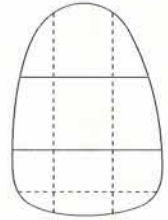
DR NAME _____ CASE # _____

PATIENT _____ SEX _____ DATE REC'D _____

DATE DUE IN DOCTOR'S OFFICE (not appointment date) _____

SHADE _____ STUMP SHADE _____

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



ALL CERAMIC

- e.Max
- Layered Zirconia
- Full Contour Zirconia

SURFACE TEXTURE

- Heavy
- Medium
- Light

INCISAL TRANSLUCENCY

- Minimal (0.5)
- Moderate (1.0)
- Maximum (1.5)

IMPLANT ABUTMENT

Brand _____

Size _____

- Zirconia
- Titanium
 - Opaqued
 - Anodized
- Screw Retained
- Cement Retained

DIAGNOSTIC WAX

GOLD

- Crown
- Onlay/Inlay

ADDITIONAL INSTRUCTIONS

SIGNATURE _____ DATE _____