

PATIENT

DR.	AGE	<input type="checkbox"/> M <input type="checkbox"/> F
DUE DATE	CHAIR TIME	

LAB USE ONLY

DEL DATE:	INVOICE #
PAN #	RECD DATE

ZIRCONIA

Full Contour
 Layered (CZR)
 Hybrid
 Maryland
 Zirc Inlay
 Zirc Onlay

EMAX

Full Contour (FCE)
 EMAX Layered
 EMAX Veneer
 EMAX Cutback
 EMAX Inlay
 EMAX Onlay

PFM

White Gold
 Yellow Gold
 Semi-Precious

FGC

White Gold
 Yellow Gold

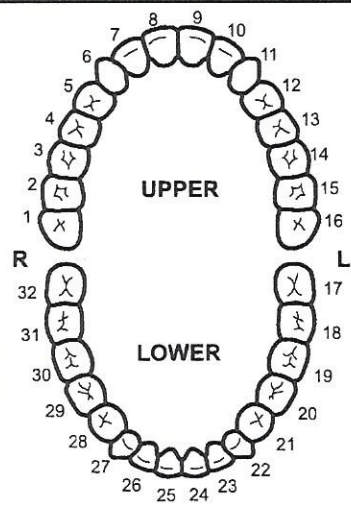
IMPLANT

Titanium
 Zirconia
 Hybrid

SPECIAL REQUESTS

Porc Margin
 Fit to Partial
 Design Partial
 Custom Shade
 Diag Wax Up
 Cast Post

RX INSTRUCTIONS



PONTIC DESIGN

CROWN DESIGN

CLEARANCE

Trim Prep
 Reduction Coping
 Metal Spot
 Trim Opposing
 Call on Case

CHECK LIST

Impression
 Opposing
 Bite
 Pictures (Email)
 Implant Parts
 Study Model
 Wax Up
 Partial
 Night Guard
 Retainer
 Old Crown

SHADE

Texture

Finish

Trans

Stump Shade

Dr. Signature _____ License # _____



CREATING BEAUTIFUL SMILES