

DOCTOR _____ DATE _____

PATIENT _____

SERVICES

PFM

- ☐ Non-Precious (Ni, Cr)
- ☐ Noble
- ☐ High Noble (Yellow Gold)

FULL CAST

- ☐ Non-Precious (Ni, Cr)
- ☐ High Noble (Yellow Gold)

METAL FREE

- ☐ Zirconia
- ☐ Composite
- ☐ Temporary
- ☐ IPS e.max *
- ☐ Porcelain Fused to Zirconia

REMOVABLE

- ☐ Acrylic Partial
- ☐ Valplast * Partial Denture
- ☐ Valplast * Partial Denture
(with metal reinforcement)
- ☐ Metal Frame Partial
- ☐ Clearmet® Partial
- ☐ Complete Denture

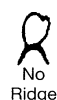
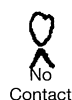
NIGHTGUARD

- ☐ Hard Nightguard
- ☐ Soft Nightguard
- ☐ Hard/Soft Nightguard

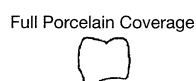
IMPLANT SERVICES

- ☐ Screw-retained
- ☐ Cement-retained

PONTIC DESIGN



BUCCAL DESIGN

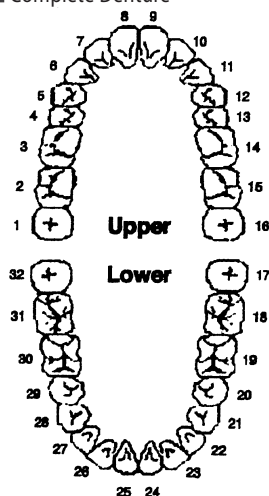


Shade Guide _____

Shade _____

SPECIAL INSTRUCTIONS

Rx



Doctor's Signature _____

License No. _____