

Practice Dentist Patient name
Address Tel Age Male ☐ Female ☐

Type Restoration

Diagnostic wax-up ☐ Crown ☐ Maryland / Rochette ☐
Post & Core ☐ Bridge ☐ Precision attachment ☐
Inlay / Onlay ☐ Temp. Crown ☐ Telescopic ☐
Veneer ☐ Temp. Bridge ☐ Implant ☐

Enclosed

U L
Impression ☐ ☐
Scan ☐ ☐
Photos ☐ ☐
Components ☐ ☐

Porcelain Fused to Metal

Co&Cr ☐
White Gold ☐
Semi-precious ☐
High-precious ☐
Non-precious ☐

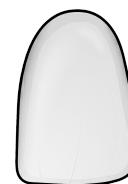
All-ceramic

Full Zirconia ☐
Layered Zirconia ☐
E-max ☐
Composite ☐

Implant Restoration

Co&Cr ☐ System
E-max ☐ Diameter
Zirconia ☐ Other
Semi-precious ☐
High-precious ☐
Cement retained ☐
Screw retained ☐

Shade



Occlusal Staining

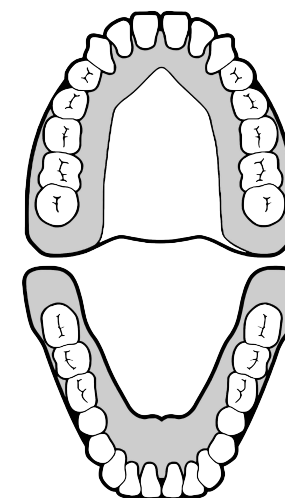


None ☐
Light ☐
Medium ☐
Heavy ☐



Stump shade

(For all ceramics)



Case instructions:



(If no instructions are provided, we will choose what we believe to be the most suitable design.)

Stage

Date required
Metal Try-in ☐
Bisque Try-in ☐
Finish ☐
Remake ☐

(Delivery be arranged at least one day prior to the patient's appointment.)

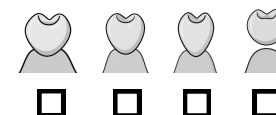
Embrasure

Open ☐ Closed ☐

Metal Design



Pontic Design



Occlusal Contact

Heavy ☐ Light ☐ None ☐