

Dr.'s Name _____ Phone # _____

Address _____

Patient Name _____ Age _____ Male Female

Due Date _____ Rush Service (please call to schedule)

PORECLAIN FUSED TO METAL

PFM

FULL CAST RESTORATIONS

Full Crown Inlay/Onlay

METAL CHOICE

High Noble Noble

ALL-CERAMIC CROWNS

IPS e.max® PFZ (custom shade)
 FCZ High Translucency - Posterior
 FCZ Ultra Translucent - Anterior

IMPLANTS

Screw-Retained Crown
 Hybrid Abutment
 Genuine Abutment



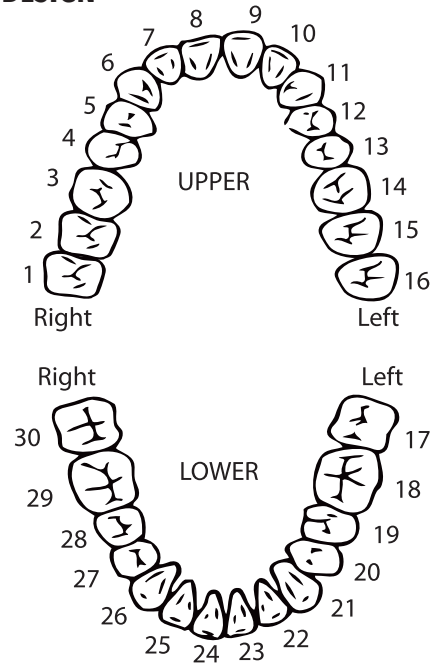
NEED SUPPLIES?

UPS Shipping Labels
 Boxes Rx Forms
 Other _____

INCLUDED WITH CASE

Impression Bite Models
 Photos: via email via text hard copy
 Other _____

DESIGN



SHADING DETAILS

Shade _____ Guide Used _____
 Custom Vita Classic Chromascop
Stump Shade ND 1 2 3 4 5 6 7 8 9
Patient Phone # _____

LAB USE ONLY:

Page _____ Metal/Pellet/Block
Type/Shade _____
DWT _____ CAD Wax

Signature _____

License # _____ Date _____