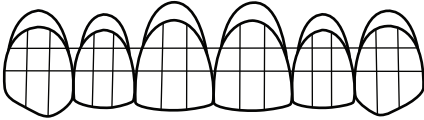


Date _____ Shade _____ Stump Shade _____

Dr. _____ Due Date/Delivery _____

Patient _____



- EMAX FGC PFM
- Zirconia Veneer LAVA
- PMMA(temporaries)
-

Notes _____

1. ANTERIOR

- All Porcelain Coverage # _____
- Metal Coping # _____
- Metal Lingual # _____
- Metal Lingual # _____

2. POSTERIOR

- Metal coping # _____
All Porcelain Coverage
- Metal Coping w/Metal Ling# _____
- 360° Metal Margin # _____
- Metal Occlusal # _____
- Metal Lingual # _____

3. PONTIC DESIGN



4. OCCLUSAL STAINING None Light Medium Dark

5. Type Contacts Preferred Light Medium Tight

6. Type Occlusion Preferred No Relief Foil Relief

7. If No Space Can We Trim Opposing Teeth? Yes No

8. Implant Abutment Design _____

DOCTOR _____ Lic. # _____