

Dr. Name

Patient Name

Age:

(<20's, 20~50s, >50)

- Male
 Female

Due Date

/ /

Time

AM

PM

- Metal Try in
 Bisque Bake Try in
 Finish

Restoration

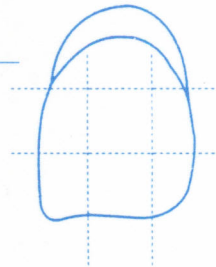
- PFM Porcelain Occlusal
 Metal Occlusal
 All Ceramic Gold Crown or Inlay
 Implant Type: _____

Margin Design

- Disappearing Margin
 Porcelain Margin
 Metal Margin _____ mm
 Lingual Collar _____ mm

R

BASIC
SHADE _____



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

