



1250 Lamoille Hwy. #942
Elko, NV
89801
888-827-5078

Case # _____

Date _____

Seat Date: _____

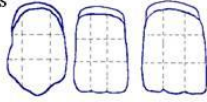
Patients Name _____

Rx: Specific Instructions

- Alloy Preference**
- High Noble
 - Noble
 - Base
-
- Restoration Type**
- Full Cast Crown
 - PFM
 - IPS Empress
 - IPS e.max
 - Feldspathic
 - Zirconia
 - Diamond Crown
-
- Pontic Design**
- Sanitary Bullet
 - Ridge Lap
 - Modified Ridge Lap

- Margin Design**
- Porcelain Butt 180
 - Porcelain Butt 360
 - Lingual Collar
 - Facial Collar
-
- Full Porcelain Coverage
 - Metal Occ. *Excluding* Buccal Cusps
 - Metal Occ. *Including* Buccal Cusps

Shade Instructions

Photo's 

Shade	Stumpf
Tab #	Shade
_____	_____

Layering Technique	Mamelons
<input type="checkbox"/> Youthful	<input type="checkbox"/> Yes
<input type="checkbox"/> Normal	<input type="checkbox"/> No
<input type="checkbox"/> Abraded	

Surface Luster	Enamel Cracks	Colored Occ.
<input type="checkbox"/> Glossy	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Matt	<input type="checkbox"/> No	<input type="checkbox"/> No

Dr. Signature _____ Lic. # _____



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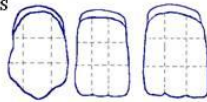
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