








Doctor's name \_\_\_\_\_ Delivery by 5 PM on \_\_\_\_\_

Patient's name \_\_\_\_\_ Sex:  M  F

Shade \_\_\_\_\_ Stump \_\_\_\_\_ Metal Try-in

Appt. date \_\_\_\_\_ Time \_\_\_\_\_

**DESIGN CROWN AND BRIDGE**

Porcelain Butt  <input type="checkbox"/>	3/4 Metal Lingual  <input type="checkbox"/>	Full Metal Lingual  <input type="checkbox"/>	Metal Coping/ All Porcelain  <input type="checkbox"/>	Lingual Metal Band  <input type="checkbox"/>	Bucca/Lingual Metal Band  <input type="checkbox"/>	Metal Occlusal  <input type="checkbox"/>
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Rx

**QUALITY SELECTIONS**

**PFM**

- Base (NP)
- Standard (Tilite NP)
- Standard (Semi)
- Standard (Premium Finish)
- Premium (88% Gold)
- Master touch

**ALL CERAMIC PRODUCTS**

- E.max Premium (Layered)
- E.max Standard
- Zirconia Premium (Layered)

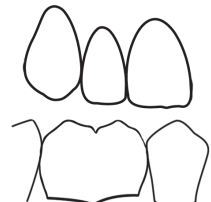
**FULL GOLD**

- Cast (77% Gold)
- Cast (54% Gold)

**MONOLITHIC CAD**

- Zirlux FC (Bruxism)
- E.max (Base)
- Cast Y+

**CHARACTERIZATIONS**



Dentist Signature \_\_\_\_\_

License # \_\_\_\_\_ Date \_\_\_\_\_