








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)

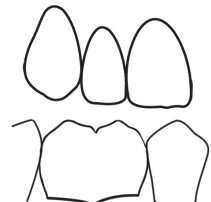
FULL GOLD

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

MONOLITHIC CAD

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

CHARACTERIZATIONS



Dentist Signature _____

License # _____ Date _____