













Doctor's name _____

Patient's name _____ Sex: M F

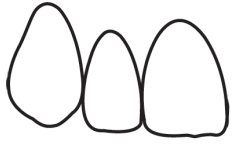
Shade _____ Stump _____ Metal Try-in Delivery by 5 PM on _____

Patient Appointment Date _____ Time _____

DESIGN CROWN AND BRIDGE											
PONTIC DESIGN					Porcelain Butt	3/4 Metal/Zi Lingual	Full Metal/Zi Lingual	Metal Coping/All Porcelain	Lingual Metal Band	Buccal/Lingual Metal Band	Metal Occlusal
											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF NO OCCLUSAL CLEARANCE

Email Doctor _____ Call Doctor Spot Opposing Metal Occlusion Metal Island Make this a Permanent Note

Rx	OCCLUSAL STAINING	CHARACTERIZATIONS	CROWN & BRIDGE OPTIONS
	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark		<p>Full Contour Zi (FCZ) Options</p> <input type="checkbox"/> Zirlux Standard (our #1) <input type="checkbox"/> Zirlux Premium <input type="checkbox"/> Zirlux Base (New , Glaze only) <p>All Ceramic Options</p> <input type="checkbox"/> PFZ Premium (Layered Porcelain) <input type="checkbox"/> PFZ Maryland Bridge <input type="checkbox"/> IPS e.max Crown/Veneer Premium <input type="checkbox"/> IPS e.max Crown/Veneer Standard <p>PFM Options</p> <input type="checkbox"/> PFM Standard (2% Gold SN) <input type="checkbox"/> PFM Standard (Tilite NP) <input type="checkbox"/> PFM Standard Premium Finish <input type="checkbox"/> PFM Base (NP Alloy) <p>Full Metal Crown Options</p> <input type="checkbox"/> Cast Premium (75% Gold Alloy) <input type="checkbox"/> Cast Standard (58% Gold Alloy) <input type="checkbox"/> Cast 2% (Gold Colored Alloy) <input type="checkbox"/> Cast 2% (Silver SN Alloy) <input type="checkbox"/> Cast Base NP

IMPLANT RESTORATION OPTIONS

- Screwmentable (#1 Most Used)
- Cement Retained
- Screw Retained
- UCLA Cast Custom Abutment

Dentist Signature _____

License # _____ Date _____