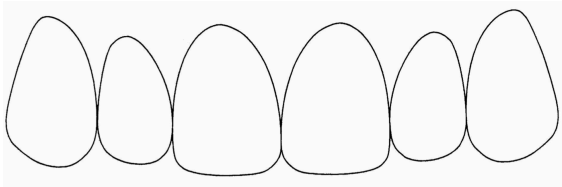


Dr. Name _____ Rx Date _____

Patient Name _____ Patient Phone: _____

Due Date _____ by 5:00 pm Sex: M / F Age: _____ Metal Try-In
 Bisque Bake Try-In



Shade: _____
Occlusal Stain
 None
 Light
 Medium
 Dark

Pontic Design

_____ mm

Margin Design

Porcelain Butt 360° Porcelain Butt 360° Disappearing Disappearing Metal 360° Metal

Metal Design

Implant Design

Implant Abutment Emergence Profile

Surgical Placement Tissue Displacement No Tissue Displacement

Margin

Facial _____ mm
 Lingual _____ mm
 Mesial _____ mm
 Distal _____ mm

If Insufficient Room

Please Call Trim Opposing and Mark Reduction Coping

Instructions:

Porcelain Fused to Metal (PFM/ FGC/FMC)

- Non-Precious
- White Noble
- Yellow Noble
- White/Yellow High Noble

Zirconia Restorations

- Katana Full Contour Zirconia
- Katana Zirconia Occlusal with Facial Cutback
- Layered Zirconia

All-Ceramic Restorations

- IPS Emax Layered
- IPS Emax Monolithic/ Staining
- IPS Emax Veneer (Layered)
- Feldspathic Veneer
- GC Initial LISI (Press)

Custom Implant Abutments

- Choose Material
- Titanium
 - Zirconia with Ti-Base
 - Precious Alloy
 - Semi-Precious Alloy

Implant Crowns

Original Implant Parts (all parts are not included in lab fees)

- Ceramic Abutment
- Cementable Titanium Abutment
- Screw-Retained Abutment - PFM Full Contour Zirconia Layered Zirconia FGC/FMC

Generic Implant Parts (excluding 3I Implant Systems)

- Cementable Implant
- Screw-Retained Implant - PFM Full Contour Zirconia Layered Zirconia FGC/FMC

Please evaluate the preps and impressions.

Signature of Dentist _____

Date _____

Dentist License # _____