

# R&R RESTORATIONS, Inc.

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Date: \_\_\_\_\_

Scheduled Return Date: \_\_\_\_\_  
(Please schedule with laboratory)

Basic Shade: \_\_\_\_\_

Patient Name:  M or  F

Doctor:

Patient Age:

- Young
- Mid-Age
- Senior

Special Services:

- Custom Shade (in lab)
- Custom Shade (in office)
- Stain/Glaze (in office)

Restoration Type (Please check one)

- PFM
- Inlay/Onlay/Full Gold
- All Ceramic
- Implant
- Provisional
- Attachment

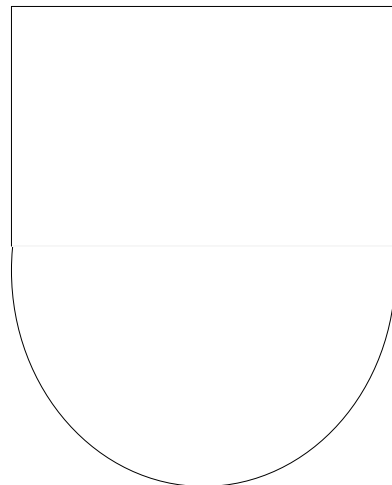
Restoration Material (Please check one)

- Zirconia (1200 mpa)
- E-Max Cad/Cam (360 mpa)
- E-Max Press (400 mpa)
- Vita Cad (150 mpa)
- Vita Cad Temp
- 3M Cad Composite
- White Gold
- Yellow Gold
- Precious
- Noble

Tooth # \_\_\_\_\_

Shade Details:

Instructions:



Doctor's Signature: \_\_\_\_\_ License #: \_\_\_\_\_