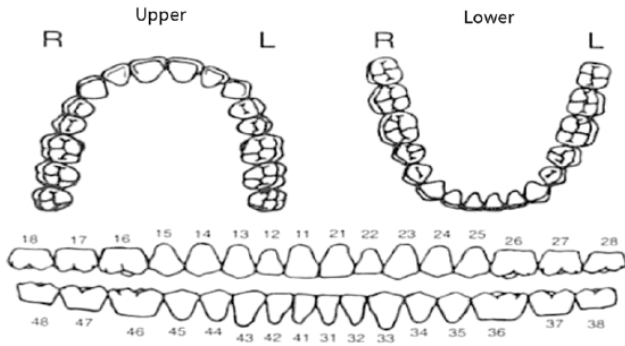


OFFERING CUTTING EDGE DENTAL TECHNOLOGY, TODAY

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Dentist: _____ RETURN Date Requested: _____

Dental Office: _____ Patient Name: _____
 Male Female Age: _____

Characteristics: None Very Light Medium Visible Full

Alloy: Titanium Non-Precious Semi-Precious High Noble
 White Yellow

Order No. _____

Shade Detail:

Cervical: Yes No SHADE _____

Body: _____ SHADE _____

Incisal: _____ SHADE _____

Translucency: Yes No SHADE _____

ZIRCONIA E.MAX PFM
 PEEK TITANIUM Layered Monolithic

Instructions: _____

Impression _____
 Upper
 Lower

Study Model _____

Oposing Model _____

Bite Registration _____

Kois Analyzer Plate _____

Articulator _____

Implant Brand _____

Implant Part(s) _____

Photos Emailed _____

CALLBACK _____

Shade Guide: Vita 3D
 Vita Classic
 Ivoclar Chromascope
 Other (specify) _____

Mamelons Yes No

White /Opalescent Ridges Yes No

Other: _____

Pre-Booked: _____

Date Sent: _____

Signature: _____

Internal Notes _____

Date received _____

Date Finished / Sent back _____

Phone Log dates called: _____

Notes: _____
