

**You & I Create Excellence - Your Smile Design Centre**

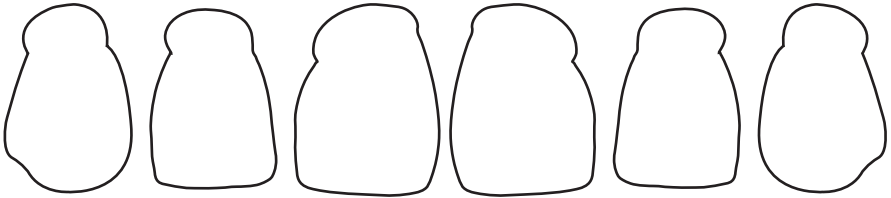
Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date & Time Wanted by: \_\_\_\_\_

PFM     Zirconia     Emax/Empress     Full Gold     Wax-up

Rx\_



SHADE \_\_\_\_\_ STUMP \_\_\_\_\_

OCCLUSAL STAINING     None     Light     Medium     Dark

IF INSUFFICIENT CLEARANCE     Reduce Prep     Reduce Opposing  
 Reduce Both     Please Call

- |                      |   |  |
|----------------------|---|--|
| A. ALLOY             | <input type="checkbox"/> High Gold        | <input type="checkbox"/> Semi Precious         |
| B. OCCLUSION         | <input type="checkbox"/> Gold             | <input type="checkbox"/> Porcelain             |
| C. CENTRIC CONTACT   | <input type="checkbox"/> Positive Contact | <input type="checkbox"/> Light Positive        |
|                      | <input type="checkbox"/> Foil Relief      | <input type="checkbox"/> Out of Occlusion      |
| D. LATERAL EXCURSION | <input type="checkbox"/> Cuspid Guidance  | <input type="checkbox"/> Group Function        |
| E. LABIAL MARGIN     | <input type="checkbox"/> Fine Gold Collar | <input type="checkbox"/> Porcelain Butt Margin |
|                      |   | <input type="checkbox"/> Porcelain to Margin   |
| F. CONTACT           | <input type="checkbox"/> Normal           | <input type="checkbox"/> Broad                 |
|                      |   | <input type="checkbox"/> Point                 |
| G. PONTIC DESIGN     | <input type="checkbox"/> Harmony          | <input type="checkbox"/> Cone                  |
|                      | <input type="checkbox"/> Hygenic          | <input type="checkbox"/> Ovate                 |
|                      |   | <input type="checkbox"/> Ridgelap              |

Doctor's Signature \_\_\_\_\_