

You & I Create Excellence - Your Smile Design Centre

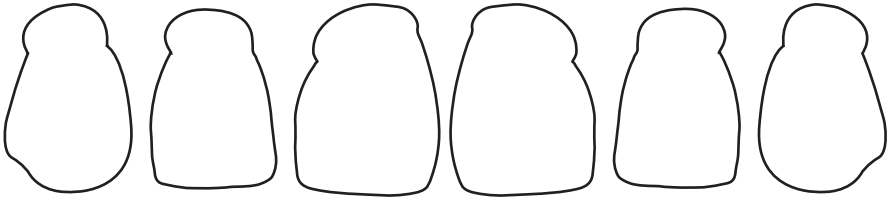
Doctor: _____ Date: _____

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 | <input type="checkbox"/> Porcelain to Margin |
| F. CONTACT | <input type="checkbox"/> Normal | <input type="checkbox"/> Broad |
| | <input type="checkbox"/> Point | <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 | <input type="checkbox"/> Ridgelap |

Doctor's Signature _____