

Dentist: _____

Date: _____

Clinic: _____

Due Date: _____ By 5 pm

Patient: _____

CROWN & BRIDGE

Restoration

- ☐ Crown
- ☐ Bridge
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Maryland Bridge
- ☐ Diagnostic WaxUp
- ☐ Others: _____

All Ceramic

- ☐ Monolithic Zirconia
- ☐ Layered Zirconia
- ☐ Emax
- ☐ Layered Emax
- ☐ Others: _____

Metal Based

- ☐ PFM
- ☐ Gold Crown
- ☐ Non-precious
- ☐ Others: _____

IMPLANTS

Restoration

- ☐ Crown
- ☐ Bridge
- ☐ Hybrid

Implant Crown Type

- ☐ Cement Retained
- ☐ Screw Retained

Abutment Type

- ☐ Cross Pin
- ☐ Custom Abutment
- ☐ Original Brand Abutment

SHADE DETAILS

- ☐ Patient Attending Lab
- ☐ Photos Emailed
- ☐ As Per Diagram

COMMENTS:

Shade

