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Date: _____

Doctor: _____

Address: _____

Patient: _____

Try In: _____ Finish: _____

CROWN & BRIDGE

e.max ® ☐
Zirconia ☐
(Full Contour)
Zirconia ☐
(Porcelain Layered)
Veneer ☐
Gold (White) ☐
Gold (Yellow) ☐
N/P ☐

Shade: _____

Clean Shade ☐
Characterized ☐
Mould: _____
Porc. Butt Margin ☐
Metal Occlusal ☐
Metal Lingual ☐
Preparation Shade
(for all ceramic cases)

IMPLANTS

Screw Retained ☐

DENTURES

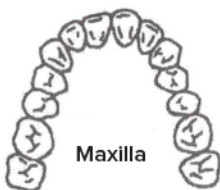
Full ☐
Partial ☐
Casting ☐
Softliner ☐
Immediate ☐

NIGHTGUARDS

Thermo ☐
Hard Acrylic ☐
Dual-Hard Occlusal
+ Thermo Lined ☐
Cement Retained ☐



DISTAL MESIAL



Maxilla



Mandible