

Date: _____ Date Due: _____

Dr. _____ Patient: _____

Sex: M _____ F _____ Age _____

All Ceramic

- BruxZir
- High Trans Zirconia
- Layerd Zirconia
- IPS e.max
 - ___ Veneer
 - ___ Inlay/Onlay

Implants

- Custom
- Titanium
- Zirconia
- Tibase & Zirconia
 - Type _____
 - Size _____

Metal Restorations

- PFM
 - ___ Base Metal
 - ___ Noble
 - ___ High Noble
- FGC
 - ___ Base Metal
 - ___ 40%
 - ___ 60%
- Cast Post Core

Margins

- Lingual Collar
- Full Collar
- Porc. Shoulder

Surface Texture

- Smooth
- Moderate
- Heavy

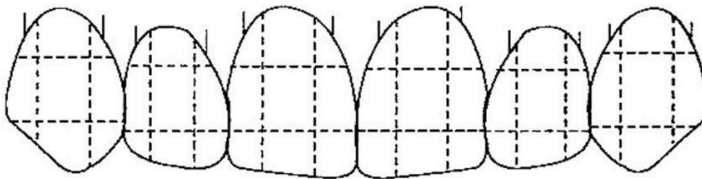
Characterizations

- Hypocalcification
- Incisal Halo
- Occlusal Coloration
- White Cusp Tip
- Incisal Translucency

Enclosures

- Photos
- Email Images
- Pre-op cast
- Diagnostic Wax Up

Tooth # _____
Shading Data: Vita _____ 3D master _____ Chromascope _____



Dr. _____

License No. _____

Signature _____

Instructions on back