

Dental Practice Details

Dental Practice Name:

Dentist Name:

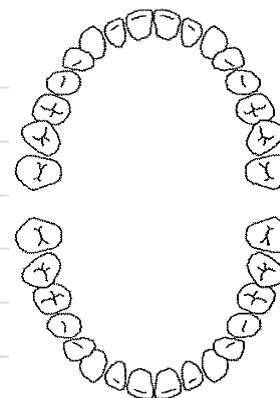
Address:

Phone:

Email:

Date:

Other Instruction:



Signature: _____

EUROPEAN TEETH POSITION

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

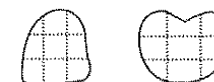
- Fixed**
- Crown
 - Veneer
 - Bridge
 - Maryland Bridge/wing
 - Inlay/Onlay
 - Telescope
 - Post & Core
 - Implant
 - Post & Core + Crown

- Removable**
- Framework
 - Lower
 - Full Denture
 - Set-up Teeth
 - Acrylic Partial
 - Clasp
 - Valplast
 - Mesh
 - Upper
 - Finish

- Rest Seat for Partial**
- Occlusal
 - Mesial
 - Lingual
 - Metal
 - Distal

- If No Occlusal Clearance**
- Call Doctor
 - Spot Opposing
 - Metal Occlusion
 - Metal Island

Shade: _____



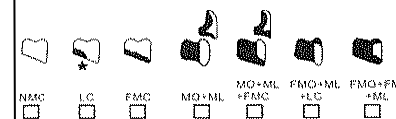
Occlusal Stain

- Heavy
- Light
- No

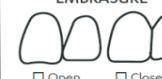
Porcelain Butt Margin

Tooth No.:

Metal Design:

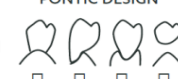


EMBRASURE



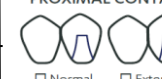
- Open
- Closed

PONTIC DESIGN



- Open
- Closed
- Heavy
- Light
- Open

PROXIMAL CONTACT



- Normal
- Extended

OCCLUSAL CONTACT



- Heavy
- Light
- Open

Layer of Die Spacer

- 1
- 2
- 3
- *

*Stands for Default Setting

PFM

- Gold Yellow 86.5%
- Gold Yellow 73.8%
- Gold White 54.2%
- Gold white 40.3%
- Semi-Precious
- Captek
- NP Co-Cr

Full Cast

- Gold Yellow 56%
- Gold Yellow 40%
- Gold White 54.2%
- Gold white 40.3%
- Semi-Precious
- NP Co-Cr

Metal Free

- IPS.e.maxpress
- Zirconia
- Composite
- BruxZir

Enclosed with case

- Impression
- Working Model
- Picture
- Post & Core
- Study Model
- Bite
- Shade guide

Others:

**Normal Work Turnaround
is 9 working days**

Patient Information

Name:

Sex:

Age: