

Date: _____ Requested Return Date/Cement Date: _____

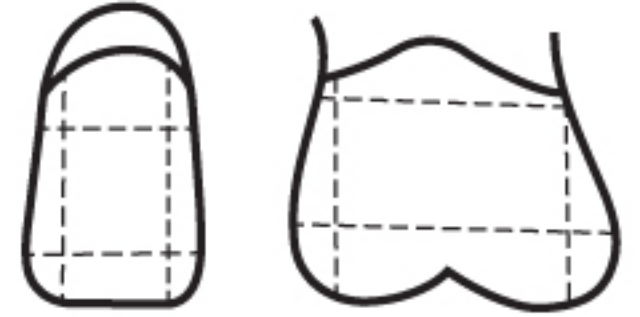
Doctor: _____ Phone #: _____

Address: _____

Patient Name: _____ Gender: Male Female Age: _____

Tooth Number: _____ Shade: _____ Stump Shade: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



Items Included with Case

- Master Impression
- Model of Provisional
- Bite Registration
- Analog
- Other: _____
- Opposing Impression or Model
- Articulator
- Photos
- Impression Coping
- Diagnostic Wax-Up
- Facebow Transfer Jig
- Photo Card
- Abutment
- Pre-Op Model
- Stick Bite
- Flash Drive
- Final Screw

Type of Restoration Desired

- Porcelain Fused to Metal (PFM)
 - Porcelain Butt Margin
 - High Noble
 - Noble
 - Yellow Gold
- eMax - Monolithic
- eMax - Layered
- Monolithic Zirconia / MZ
- Full Gold Crown (FGC)
 - High Noble
 - Noble
- PMMA Temporary (Polymethyl Methacrylate)
- Porcelain Fused to Zirconia
- Diagnostic Wax Up
- Implant Seating Jig
- Implant Verification Jig
- Custom Impression Tray
- Framework Try-in
- Hard Night Guard
 - Maxillary
 - Mandibular

Implant Restorations

- Screw Retained Implant
 - PFM
 - Layered Zirconia
 - MZ
 - Implant Temp
 - ASC Approved?
 - High Noble
 - Noble
- Cement Retained
 - Screwmentable
 - Custom Titanium Abutment
 - Titanium
 - Gold Anodized
 - Custom Zirconia Abutment
 - OEM Parts
 - 3rd Party Parts
 - Best Available Options

Case Notes and Goals

Doctor's Signature: _____ License #: _____