


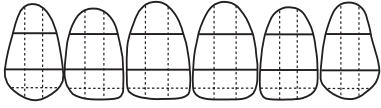


Dr. _____ Date: _____

Phone: _____ email: _____

Patient: _____ Sex: _____ Age: _____

Request Date: _____ Tooth Number(s): _____

Restoration Type		
Crown Type <input type="checkbox"/> PFM (porcelain to metal) <input type="checkbox"/> Full Cast Metal <input type="checkbox"/> All Ceramic	Options <input type="checkbox"/> 180° margin <input type="checkbox"/> Metal Lingual (ant) <input type="checkbox"/> 360° margin <input type="checkbox"/> Metal Occlusal (post) <input type="checkbox"/> Post & Core <input type="checkbox"/> Maryland Bridge	
Material Preference		
Metal <input type="checkbox"/> Semi-Precious <input type="checkbox"/> High-Noble White <input type="checkbox"/> Captex <input type="checkbox"/> High-Noble Yellow	All Ceramic <input type="checkbox"/> WhiteRock Pressed (veneer) <input type="checkbox"/> WhiteRock Zirconia (CAD/CAM) <input type="checkbox"/> Lava <input type="checkbox"/> Procera	
Pontic & Metal Design		
Pontic Design 	Metal Design  	
Shade & Characterization Info		
Base Shade: _____ Stump Shade: _____ 	Glaze <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Occlusal Stain <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark Surface Texture <input type="checkbox"/> Smooth <input type="checkbox"/> Textured <input type="checkbox"/> Match Existing
Additional Instructions		
Rx _____ _____ _____ _____ _____		
Signature _____		Lic # _____