



Dr. \_\_\_\_\_

Patient: \_\_\_\_\_

Seat Date: \_\_\_\_\_

Time: \_\_\_\_\_

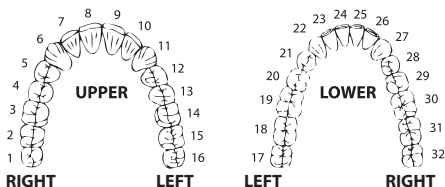
Prep Date: \_\_\_\_\_

SHADE: \_\_\_\_\_

Blend: \_\_\_\_\_



Tooth Number(s) \_\_\_\_\_



Occlusal Stain

Light  Med  Dark

PFM

Zirconia (Layered)

Full Contour Zirconia

EMAX (Layered)

Full Contour EMAX

Gold

Implant\*

\*See Implant Sheet for Options

Metal

\_\_\_ High Noble (Yellow)

\_\_\_ High Noble (Silver)

\_\_\_ Noble (Semi-Precious)

Margin

\_\_\_ Porcelain Margin

\_\_\_ 360° Metal

\_\_\_ 3/4 Metal

\_\_\_ Metal Occlusion

Special Instructions

DR. SIGNATURE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

(530) 275-1088 • 1-800-259-4094 • Fax (530) 275-2787  
 4460 Shasta Dam Blvd.  
 Shasta Lake, CA 96019