

Dr. _____ Office _____

Email: _____ Phone: _____

Patient: _____ Today's Date: _____

Due Date: _____ Time: _____ Rush*

(General Due Date)

(*See schedule for Additional Charge criteria)

Tooth #: _____ Final Shade: _____ Prep Shade: _____

Restoration Type: Crown Bridge Veneer Inlay/Onlay Nightguard
 Diagnostic Waxup Custom Abutment Other

Material:

Bruxzir® Full Strength Zirconia (>1050MPa) Argen HT Multi-Layer Zirconia (1200MPa)
 Argen ZST Esthetic Zirconia (800MPa) Layzir Premium MultiLayer Zirconia (1030/1450 MPa)
 PFZ Layered Zirconia (>1050MPa) IPS e.max/Lithium Disilicate (360 MPa)

Implant: Restoration Type: Screw-Retained Cementable
Brand _____ Type _____ Size _____

Scanbody: Brand _____ Size _____ (Elos) Part # _____

Preferences:

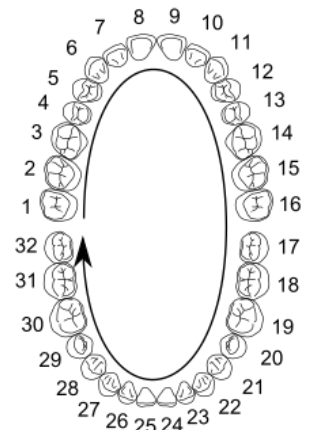
Interproximal Contacts: Light Medium Heavy

Occlusal Contact: Light Open Tight

If insufficient room (clearance):

Trim Opposing Reduction Coping Call to discuss

Note:



Signature _____ Lic # _____