

DOCTOR:

Date: _____

Address:

Pan: _____

Patient:

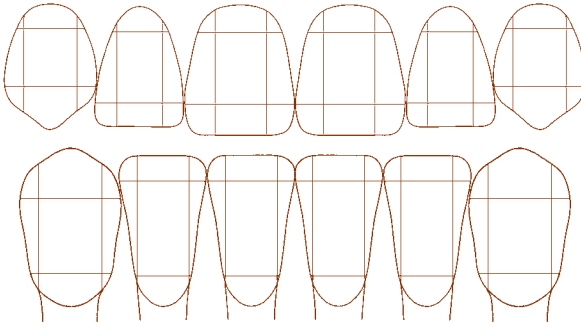
Received: _____

..... **M** **F** **Age:**

Required (Date & Time):

Try-In (Bisque Bake) Finish (Glaze & Polish)

SHADE:



FIXED RESTORATIONS

ALLOY

- Precious
- Semi Precious
- Non Precious

OCCLUSSION

- Metal
- Porcelain
- Positive
- Foil Relief

PONTIC

- Ridge Lap
- Modified R. Lap
- Bullet
- Hygenic

MARGINS

- Porc. Butt
- Regular
- Collar

REMOVABLE RESTORATIONS

OCCLUSSION

- Centric
- Balanced

TOOTH ARRANGEMENT

- Natural
- Follow diagnostic cast

REQUIRED PROCEDURE

- Set Up Process
- Reset Skeleton

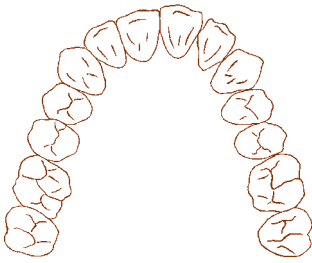
BITE PLANES

- Hard Dual Flex

ORTHO APPLIANCE TYPE:

Difference Through Quality

Written instructions overleaf 



R_x



Written Instructions



Date..... Signed..... D.D.S.

LABORATORY USE ONLY

Note: _____

Type of Alloy: _____ Weight: _____ Credit: _____

Case Included: _____

- | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> UM | <input type="checkbox"/> UI | <input type="checkbox"/> BR | <input type="checkbox"/> USM | <input type="checkbox"/> USU | <input type="checkbox"/> UCBM | <input type="checkbox"/> DIES |
| <input type="checkbox"/> LM | <input type="checkbox"/> LI | <input type="checkbox"/> BB | <input type="checkbox"/> LSM | <input type="checkbox"/> LSU | <input type="checkbox"/> LCBM | <input type="checkbox"/> ART |

OTHER: