



Dr.: _____

Address: _____

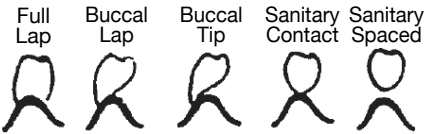
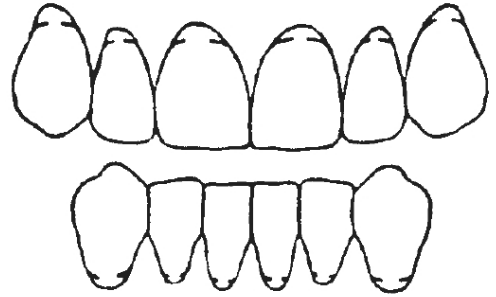
Patient: _____

Due Date: _____

Tooth #: _____

Final Shade: _____

Custom Shade: _____



Emax and Zirconia Crowns

* Stump Shade Required: _____

Zirconia

- Full Contour Monolithic
- Full Contour Multilayered
- Hand Layered

Emax®

- Non-Layered Layered
- Pressed Veneer

PORCELAIN FUSED TO METAL*

Vita® or Noritake® Porcelain to Metal*

- Noble High Noble

VALUE CROWNS UNIT PRICED

- Porcelain to Noble (1 DWT included)
- Porcelain to Non Precious

Options:

- Metal Try In Finish
- Bisque Bake

Porcelain Butt Shoulder:

Teeth #: _____

Buccal Collar Size: _____

- Metal Occusal

Additional Services

- Provisionals

Diagnostic Wax Up: Tooth# _____

* Alloy Charged By Weight

ALL METAL*
Full Cast Crown*

- High Noble Yellow Noble Yellow
- Non Precious Noble White

IMPLANT RESTORATIONS

Type: _____ Size: _____

- Custom Abutment* Ceramic Abutment
- Encode Ti Base
- Screw Retained
- Titanium Abutment (Custom)
- Gold Nitrate Coating

SPECIAL INSTRUCTIONS

DENTIST'S SIGNATURE:

X _____ DATE: _____ LICENSE #: _____