



From Dr. _____ Date: _____

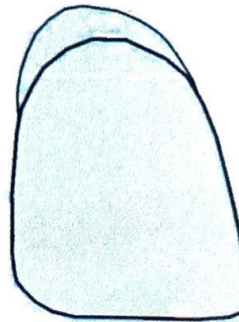
Patient: _____ Age: _____

Gender: ___ Due Date: _____ Appt. Time _____

Type of Restoration

- PFM
- Full Cast Gold Work
- E.max crown/inlays
- Shaded Zirconia
- Full Contour Zirconia
- Veneers

Shade



Occlusal Design

- Metal Island
- 1/2 Alloy Coverage
- Full Alloy Coverage

Margin Design

- Lingual Alloy Band
- 360 Alloy Band
- No Alloy Band
- Porcelain Butt

Special Instructions/Characteristics

email: barryweyhrauch1@yahoo.com

Signature: _____ License # _____