

DENTIST _____

PATIENT _____

DATE _____ SEX _____ AGE _____

DATE REQ. _____ TIME _____



ALL CERAMICS

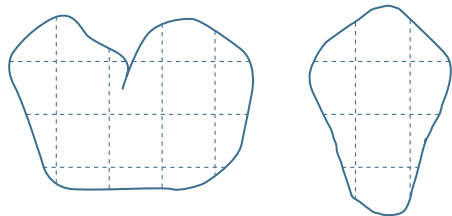
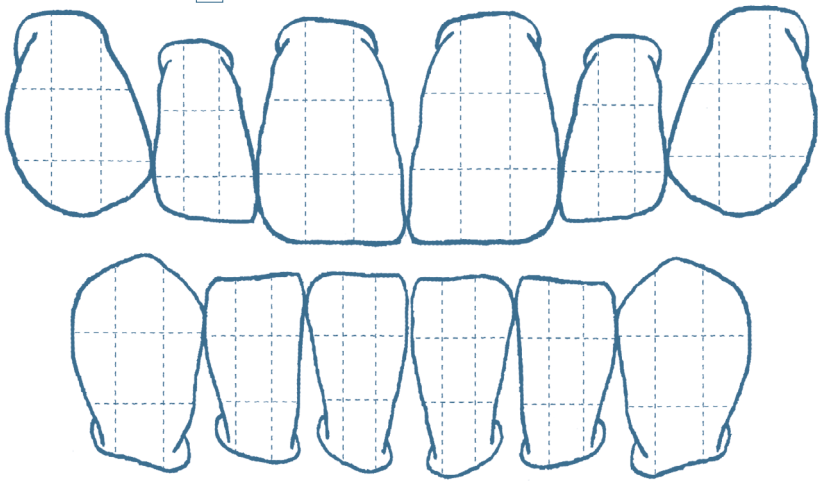
- PFZ/MZC
- VENEER (STAIN/LAYING)
- ENAMIC
- CROWN (STAIN/LAYING)
- SUPRINITY
- INLAY/ONLAY

METAL CERAMICS

- PFM/VMK
- PORCELAIN MARGIN
- GOLD CROWN
- METAL MARGIN
- POST & CORE
- GOLD INLAY/ONLAY

INSTRUCTIONS

SHADE DETAILS OCCLUSAL STAIN



- | | |
|---------------------------------|---------------------------------|
| VALUE | LUSTER |
| <input type="checkbox"/> LOW | <input type="checkbox"/> LOW |
| <input type="checkbox"/> MEDIUM | <input type="checkbox"/> MEDIUM |
| <input type="checkbox"/> HIGH | <input type="checkbox"/> HIGH |

OFFICE USE ONLY