

Dr. \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Patient Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_  
 Pt. Scheduled: \_\_\_\_/\_\_\_\_/\_\_\_\_ TRY-IN: \_\_\_\_\_ FINISH: \_\_\_\_\_

**PORCELAIN FUSED TO METAL**

- Noble (White)
- High Noble (White)
- High Noble (Yellow)
- Metal Occlusion

**FACIAL MARGINS**

- 3-Point
- Porcelain Butt Shoulder
- Other: \_\_\_\_\_

**INCLUDED WITH THIS CASE**

- Study Model
- Stumpf Shade
- Bite

**FULL GOLD CROWNS**

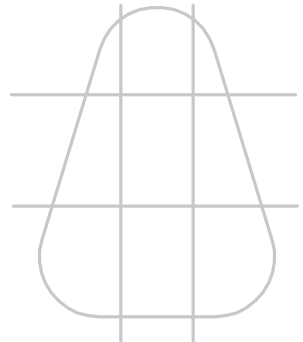
- 2% Flat Fee
- Noble
- High Noble
- Tucker
- 82% Au (Holistic)

**ALL CERAMIC**

- e.max
- Layered Zirconia
- Full Zirconia

**SHADE:** \_\_\_\_\_

**INSTRUCTIONS**



Doctor's Signature \_\_\_\_\_  
 License No. \_\_\_\_\_

**PLEASE SEND:**

- Safety Bags
- Rx Pads
- Boxes