



Dentist: \_\_\_\_\_

RETURN Date Requested: \_\_\_\_\_

Dental Office: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Male  Female  Age: \_\_\_\_\_

Characteristics: None  Very Light  Medium  Visible  Full

Alloy: Titanium  Non-Precious  Semi-Precious  High Noble

White Yellow

Order No. \_\_\_\_\_

Shade Detail:

Cervical:  Yes  No SHADE \_\_\_\_\_

Body: \_\_\_\_\_ SHADE \_\_\_\_\_

Incisal: \_\_\_\_\_ SHADE \_\_\_\_\_

Translucency:  Yes  No SHADE \_\_\_\_\_

ZIRCONIA  E.MAX  PFM

PEEK  TITANIUM  Layered  Monolithic

Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Impression  \_\_\_\_\_

Upper

Lower

Study Model  \_\_\_\_\_

Opposing Model  \_\_\_\_\_

Bite Registration  \_\_\_\_\_

Kois Analyzer Plate  \_\_\_\_\_

Articulator  \_\_\_\_\_

Implant Brand  \_\_\_\_\_

Implant Part(s)  \_\_\_\_\_

Photos Emailed  \_\_\_\_\_

\_\_\_\_\_

CALLBACK  \_\_\_\_\_

Shade Guide:

Vita 3D

Vita Classic

Ivoclar Chromascope

Other (specify) \_\_\_\_\_

Mamelons  Yes  No

White /Opalescent Ridges  Yes  No

Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pre-Booked: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Signature: \_\_\_\_\_

Internal Notes \_\_\_\_\_

Date received : \_\_\_\_\_

Date Finished / Sent back : \_\_\_\_\_

Phone Log dates called: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_