

Pan # \_\_\_\_\_

Dr. _____	Date _____
Address _____	Phone _____
City _____	State/Zip _____
Patient _____	Age _____ Sex _____
Appointment Date _____	Time _____

**Type of Restoration:**

- \_\_\_\_\_ Full Contour Zirconia
- \_\_\_\_\_ Porcelain Fused to Zirc.
- \_\_\_\_\_ Porcelain Fused to Metal
- \_\_\_\_\_ Full Cast
- \_\_\_\_\_ IPS EMAX
- \_\_\_\_\_ Full Contour Translucent Zirconia

**Alloy:**

- \_\_\_\_\_ Base (Non-Prec)
- \_\_\_\_\_ Noble (Semi-Prec)
- \_\_\_\_\_ High Noble (Prec)
- \_\_\_\_\_ White
- \_\_\_\_\_ Yellow

**Implant:**

- Brand \_\_\_\_\_
- Size \_\_\_\_\_
- Screw Retained \_\_\_\_\_
- Custom Abutment: Yes / No
- \_\_\_\_\_ Zirconia
- \_\_\_\_\_ Metal

**Support Design:**



**Porc. Shoulder Margin:** \_\_\_\_\_

**Shade:** \_\_\_\_\_

**Tooth #:** \_\_\_\_\_



**Study model required on all anterior cases**

\_\_\_\_\_  
Dr. License No.

\_\_\_\_\_  
Signature of Personal Dentist