

Date sent:	___ / ___ / ___
Date required (not patient's appt.):	___ / ___ / ___
Date of patient's actual appt:	___ / ___ / ___
Time of patient's actual appt:	_____ am / pm

Dentist _____

Patient _____

Notation _____

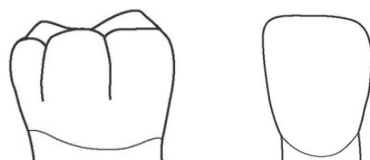
Please call?

Product Type	Full Working Days
All-ceramic crown/bridge	5
PFM crown/bridge	8
Implants	10
Large cases/full rehab./All-on-four/six	12
Wax-ups	6

<p>Zirconia</p> <p><input type="checkbox"/> High Strength ~1,200MPa monol. Med. trans.</p> <p><input type="checkbox"/> High Translucency ~750MPa monol. High trans.</p> <p><input type="checkbox"/> Layered (PFZ) Best aesthetics Ideal for dark preps</p>	<p>Glass Ceramics</p> <p>Monolithic</p> <p><input type="checkbox"/> Celtra Press</p> <p><input type="checkbox"/> GC LiSi</p> <p><input type="checkbox"/> IPS e.max®</p> <p>Layered</p> <p><input type="checkbox"/> Celtra Press</p> <p><input type="checkbox"/> GC LiSi</p> <p><input type="checkbox"/> IPS e.max®</p>	<p>Hybrids / Other</p> <p><input type="checkbox"/> GC Cerasmart™</p> <p><input type="checkbox"/> VITA Enamic®</p> <p><input type="checkbox"/> PFM</p> <p><input type="checkbox"/> Gold</p> <p><input type="checkbox"/> Composite</p> <p><input type="checkbox"/> Temporary (PMMA)</p> <p><input type="checkbox"/> VITA Mark II (porc.)</p> <p><input type="checkbox"/> As below (please state)</p>	<p>Or...</p> <p><input type="checkbox"/> Technician to pour models then call me to discuss material options.</p> <p><input type="checkbox"/> Technician to decide.</p>
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Shade

Restoration Shade



Patient to attend lab (free service)
 Photos emailed (to above address)
 Photos in shared Dropbox folder

Translucency Low Medium High

Stump Shade (essential for all-ceramic restorations)

Implant Platform Details

Ceramic Studio job no.

CS / / /