

Date Sent: _____

Case Number _____

Mobile: (+86) 135 2873 9005

Date Due: _____

Contact: Chris

Dentist: _____

Patient: _____

We sent: Impression Model Bite Study Model Abutement Other


FIXED RESTAURATIONS

Restaurations Crown/ Bridge/ Veneer/ Inlay/Onlay
 PFM Full Metal Cast Post+Core
 E-max Telescop Composite Temporary PMMA
 Zirconia (With porcelain) Full Zirconia (Solid zirconia)









Alloy

Ni/Cr Co/Cr Titanium Alloy Semi-Precious (PD/AG)
 High Noble (40%Au) High Noble (74%Au)

Pontic

 Full RIDGE
  PARTIAL RIDGE
  Modified Partial Ridge
  Deep Into Gum

Metal Design

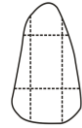
 full metal lingual
  Full porcelain coverage no metal exposed
  Metal lingual collar
  3/4 metal lingual
  Metal lingual collar
  Metal margin
  1/2 metal occlusal
  Full metal occlusal

Occlusal Contact: Open Light Heavy
 Proximal Contact: Light Normal Tight
 Embrasure: Close Normal Open for Cleaning
 Occlusal Staining: None Light Medium Heavy

REMOVABLE RESTAURATIONS

Tooth
 Shade: _____

Gingival: _____
 Body: _____
 Incisal: _____



SPECIFIC INSTRUCTION:

