

Please prepare the following items before sending the case

- 1. Impression tray for working model
- 2. Opposite Model
- 3. Bite Registration (if necessary)
- 4. This form

Date: ____/____/____

Finish: ____/____/____

Dentist: _____

Clinic: _____

Patient's Name _____

Male **Female** **Age** _____

Address _____

Phone No. _____

Mobile _____

Fax _____

Skype ID _____

Email _____

Crowns

Full Metal # _____.

Fused to Metal # _____.

Zirconia Procera # _____.

Alumina Procera # _____.

Bridges # _____.

Fused to Metal # _____.

Zirconia Procera # _____.

Alumina Procera # _____.

Vita In Ceramic # _____.

Zirconia # _____.

Performance Plus Press # _____.

Porcelain Inlay # _____.

Porcelain Onlay # _____.

Porcelain Veneer# _____.

Cast Partial # _____.

Shade _____

Metal

Non-Precious(Non Be)

Semi Precious(Au:51.2%)

Precious 88%

Margin

Metal _____ mm

Porcelain Margin _____ mm

(Only if Shoulder is prepare)

Occlusal

Porcelain # _____

Metal # _____

Groove

Stain# _____

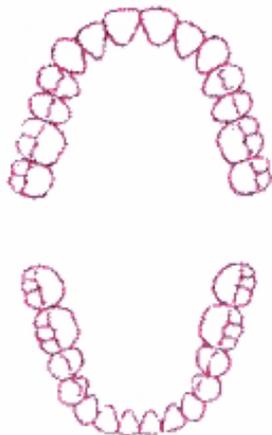
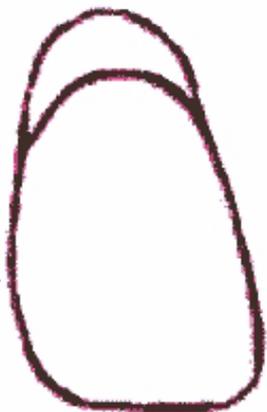
Non-Stain# _____

Pontic _____

Joint _____

Characterization for:

Teenagers Adults Elders



Additional Comment

