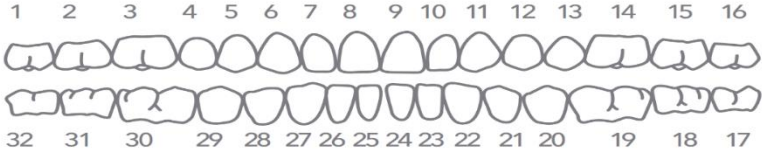


Dr. _____ License # _____

Pt. _____ Age: _____ F/M

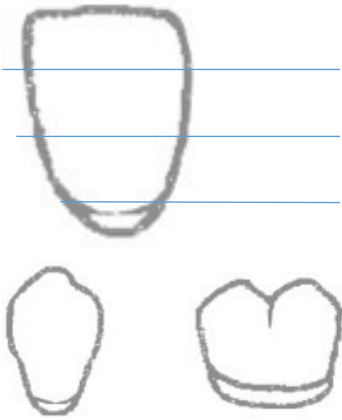
Due Date	
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- [Full/Layered] **Zirconia**
 [Full/Layered] **E.max**
 [Primieum] **Custom Layered**
 [Short-term/Long-term] **PMMA**
 [Hand/Digital] **D.Wax-up**
 Etc. []



Shade Map

*Photos Sent



Dr. Note

NEW
 Adjustment
 Remake

*Shade: _____ *Lab. Material _____

*Signature : _____

*Date : _____

LVI Smile :		Value: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		Glossy: <input type="checkbox"/> Matt <input type="checkbox"/> Semi <input type="checkbox"/> High	
Anatomy : <input type="checkbox"/> Primary <input type="checkbox"/> Secondary		Contact : <input type="checkbox"/> Point <input type="checkbox"/> Normal <input type="checkbox"/> Broad		*Permission for reduction : Yes / No	
Implant / Manufacture		Abutment		Gold hue needs : Yes / No	
Part / Diameter		Screw-Retained / Cementable		Seating guide needs : Yes / No	

- Bite R.
 C.R. Bite
 Facebow
 Model [Pre-op/ Study/ D.wax-up]
 Impression
 Sent Scanned [e-mailed/ itero/ 3shape/other:]



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*Please fill-out the form correct & detail as much as possible so we can provide best result. Thank you ☺