



DOCTOR _____

CLINIC NAME _____ DATE IN _____

PATIENT _____ DATE REQUIRED _____

AGE _____ GENDER _____ TIME _____

CROWN & BRIDGE

MATERIAL: EMAX FC Zirconia Zirconia with layered porcelain
 Full Gold PFM

OCCLUSION:
Anterior: Metal Porcelain
Posterior: Metal Porcelain Metal Island

BUCCAL / LABIAL MARGIN:
 Porcelain Butt Porc. / Metal Metal Collar

METAL: Final Shade _____ Stump Shade _____

- Ceramic Gold (White)
- Yellow Gold
- Semi-Precious (White)



REMOVABLES

- Denture Partial Ortho

Shade _____ Mould _____

