McCann DENTAL CERAMICS, LTD

DATE ______________________________

DR. ______________________________

PATIENT ______________________________

DUE DATE ______________________________

TEETH TO BE RESTORED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

REQUEST CALL AFTER MOUNTING CASE ☐ YES ☐ NO

PORCELAIN TO METAL

- ☐ FULL COVERAGE
- ☐ METAL OCCLUSAL
- ☐ PORCELAIN MARGIN FACIAL
- ☐ PORCELAIN MARGIN FULL
- ☐ CERVICAL METAL COLLAR LABIAL
- ☐ LINGUAL METAL COLLAR (DEFAULT)
- ☐ NO METAL COLLAR

ALL CERAMIC

- ☐ IPS e.max
- ☐ PROCERA
- ☐ LAMINATE

FULL CAST

- ☐ CROWN
- ☐ INLAY
- ☐ ONLAY

☐ **DIAGNOSTIC WAX UP**

DR. SIGNATURE ______________________________

LICENSE NUMBER ______________________________

ADDRESS ______________________________

TELEPHONE ______________________________

ITEMS RECEIVED

___ WORKING MODEL(S)
___ BITE
___ OLD CROWNS
___ DIAGNOSTIX WAX UP
___ SHADE TAB
___ IMPLANTS PARTS
___ IMPRESSION
___ OPPOSING MODEL
___ PARTIAL
___ PHOTOGRAPHS
___ STUDY CASTS
___ ARTICULATOR
___ OTHER

SHADE INFORMATION

SPECIAL INSTRUCTIONS ______________________________

____

____

____

____

____

____

____

____

____

____

DENTAL CERAMICS LTD, INC.

4520 NORTHWESTERN DRIVE, ZIONSVILLE IN, 46077 | 317.876.3100 | 800.423.4660 | info@dentalceramicsltd.com