



DENTAL CERAMICS LTD

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DATE \_\_\_\_\_

DR. \_\_\_\_\_

PATIENT \_\_\_\_\_

DUE DATE \_\_\_\_\_

**TEETH TO BE RESTORED**

01 02 03 04 05 06 07 08 09 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
- e.max PLUS
- LAMINATE
- DIAGNOSTIC WAX UP

**FULL CAST**

- CROWN
- INLAY
- ONLAY

**IMPLANT**

- SCREW RETAINED
- ABUTMENT SEPARATE CROWN

**DR. SIGNATURE** \_\_\_\_\_

**LICENSE NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**ITEMS RECEIVED**

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



**SHADE INFORMATION**

**SPECIAL INSTRUCTIONS**

**DENTAL CERAMICS LTD, INC**

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