






8886 N. Government Way, Suite G
Hayden, ID 83835
(208) 762-5098

DOCTOR _____ PATIENT _____

DUE DATE _____

-  PORCELAIN OCCLUSAL
-  METAL OCCLUSAL
- PORCELAIN TO METAL MARGIN
(CONVENTIONAL)
- METAL MARGIN (COLLAR)
- PORCELAIN BUTT MARGIN
(90° REQUIRED)

- DESIGN**
- METAL TYPE-CERAMIC
- HIGH NOBLE (WHITE)
 - HIGH NOBLE (GOLD)

-  MODIFIED RIDGE LAP
-  BULLET SHAPE
-  HIGH WATER



_____ SHADE

- INCISAL AMOUNT**
- MORE THAN TAB
 - LESS THAN TAB

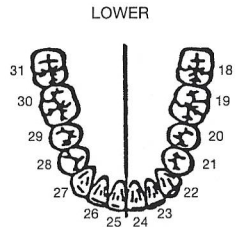
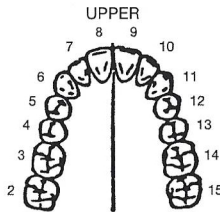
SHADE

- GINGIVAL COLOR**
- DARKER THAN TAB
 - LIGHTER THAN TAB



SPECIAL INSTRUCTIONS:

- ALL CERAMIC / e.max
- ZIRCONIA
- PFM
- FCC



SIGNATURE _____

DATE _____

LICENSE NO. _____