

## I N F O R M A T I O N

Dr. \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Address \_\_\_\_\_ Due Date \_\_\_\_\_  
 \_\_\_\_\_ Shade \_\_\_\_\_  
 Patient \_\_\_\_\_

### P F M

**Type of Restoration:**

**PFM**    Non-Precious    Semi-Precious  
 Precious    Zirconia

Other: \_\_\_\_\_

Metal    Bisque Bake    Glaze  
 Try-In    Porc.    Porcelain Margin

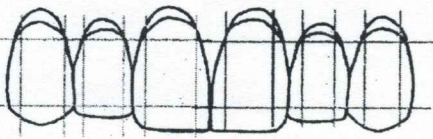
**Removal Buttons:**   Yes or No

**Pontic Design:**

 FULL RIDGE     PARTIAL RIDGE     NO RIDGE     SANITARY     BULLET

**Collar Design:**

Slight Collar    Full Collar    No Collar



### R E M O V A B L E S

**Denture:**

Set-Up  
 Finish  
 Set-Up and Finish (complete)  
 Valplast Set-Up  
 Valplast Finish  
 Valplast Set-Up and Finish (complete)

**Shade:**   Ant. \_\_\_\_\_ Post. \_\_\_\_\_

**Mold:**   Ant. \_\_\_\_\_ Post. \_\_\_\_\_

**Acrylic/Valplast:**

Regular Pink  
 Meharry

**Shading Detail:**



**Rx** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Lic. No. \_\_\_\_\_