



1729 S. Brand Blvd • Glendale, CA 91204
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Today's Date:	Date Due:	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Phone : _____

Doctor's Name: _____

Patient Name: _____ Age: _____ Male Female

TEETH NUMBERS	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

CROWN AND BRIDGE

- | | | | |
|--|--|---|-------------------------------------|
| Restoration Type: | Alloy Type: | Metal Design: | Try-In: |
| <input type="checkbox"/> PFM | <input type="checkbox"/> Non-Precious | <input type="checkbox"/> Metal Margin | <input type="checkbox"/> Frame Work |
| <input type="checkbox"/> FGC | <input type="checkbox"/> Semi-Precious | <input type="checkbox"/> Porcelain Margin | <input type="checkbox"/> Bisque |
| <input type="checkbox"/> Provisional | <input type="checkbox"/> High Precious | <input type="checkbox"/> Metal Occlusal | <input type="checkbox"/> Die Trim |
| <input type="checkbox"/> Diagnostic Wax-Up | | <input type="checkbox"/> Metal Lingual | |

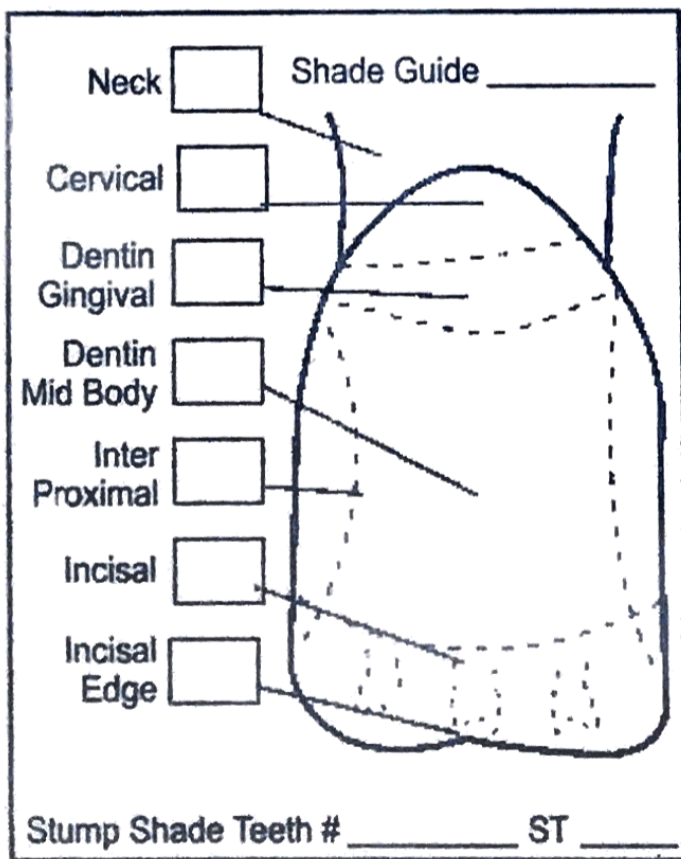
ALL CERAMIC

- Restoration Type:**
- Zirconia
 - E-max
 - Veneer
 - Inlay / Onlay

RIDGE RELIEF

- Select One**
-
- If Insufficient Room:**
- Reduce & Mark Prep
 - Reduce & Mark Opposing
 - Reduction Coping
 - Call Me

INSTRUCTIONS:



- Incisal Trans**
- Minimal 0.5
 - Modest 1.0
 - Max 1.5

Signature _____ License # _____