Faiz Dental Studio

DOCTOR'S NAME: _____

ADDRESS: _____

_____

PATIENT'S NAME: _____

AGE: _____ SEX: _____

Restoration Type

- ☐ Crown
- ☐ Onlay
- ☐ Veneer
- ☐ Diagnostic Wax up
- ☐ Inlay
- ☐ Bridge

Material Choice

- ☐ Emax
- ☐ Feldspathic
- ☐ Zirconia
- ☐ Gold
- ☐ Empress

Alloy Type

- ☐ High Nobel
- ☐ Nobel
- ☐ Yellow Gold
- ☐ White Gold

Implant Abutments

- ☐ Custom Milled
- ☐ Ceramic
- ☐ Pre Fabricated
- ☐ Titanium

Implant Brand: _____

Implant Size: _____

Occlusal Anatomy

- ☐ Worn
- ☐ Light
- ☐ Copy Existing
- ☐ Improve Aesthetic

Stump Shade _____

Shade ☐

Articulator Type

- ☐ Sam
- ☐ Plastic

Enclosed:

- ☐ Shade Tab
- ☐ Photos
- ☐ Articulator
- ☐ Crown

Return case to doctor for

- ☐ Mounting
- ☐ Die Trim
- ☐ Metal Try In
- ☐ Bisque Bake
- ☐ Finish

Office Needs:

- ☐ RX
- ☐ Safe Bags
- ☐ Boxes

DOCTOR'S SIGNATURE: _____

LICENSE # _____

DATE SENT ☐ RETURN DATE ☐

SPECIAL INSTRUCTIONS:

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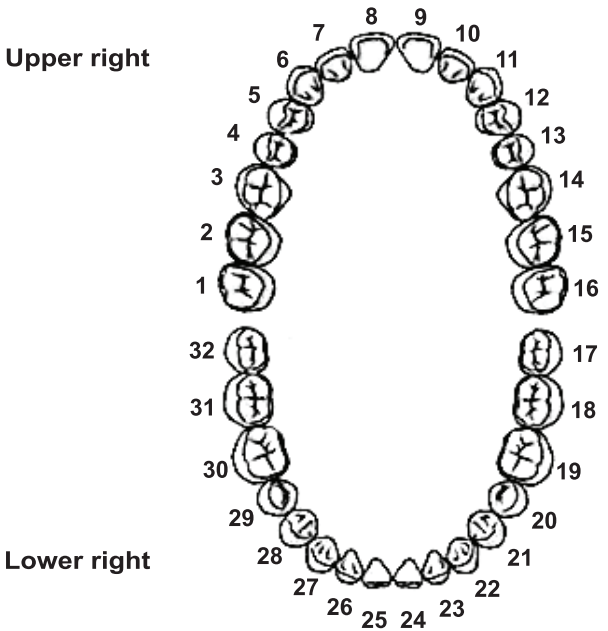

Smiles with crafty hands