

Date \_\_\_\_\_  
 Doctor \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (     ) \_\_\_\_\_



1425 HERNDON AVENUE  
 CONCORD, CA 94520  
 (925) 676-1614

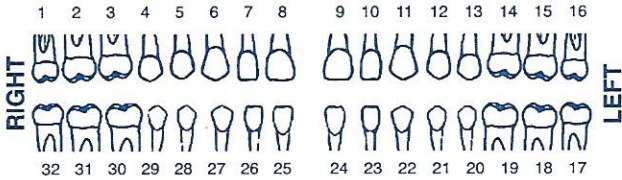
- |                   |                  |
|-------------------|------------------|
| Enclosed # _____  | Model _____      |
| Shade Tab _____   | Impression _____ |
| Articulator _____ | Bite _____       |
| Crown _____       | Photos _____     |
| Other _____       |                  |

Patient \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**ALWAYS SEND POST AND PRE-OP MODELS FOR ANTERIORS**  
**ALWAYS INFORM LAB OF ANY FUTURE PLANS**

Appointment Date \_\_\_\_\_ Exact Time \_\_\_\_\_

**IDENTIFICATION - PLEASE MARK (X) carefully**



**Ceramics / PFM / Provisional**

- Lab Consult
- Specify \_\_\_\_\_
- E-Max
- Zirconia
- Porcelain / Metal
- Noble
- High Noble
- Provisionals

**Full Cast**

- Noble
- High Noble
- Other
- Specify \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Metal Margin #'s \_\_\_\_\_  
 Finish Margin #'s \_\_\_\_\_  
 Full Porc. Margin #'s \_\_\_\_\_

Splint #'s \_\_\_\_\_  
 Metal Occl. #'s \_\_\_\_\_  
 Full Metal #'s \_\_\_\_\_

Shade \_\_\_\_\_  
 Characteristics important. All Ceramics: Note stump shade, or metal post

**DOCTOR'S SPECIFIC INSTRUCTIONS**

Indicate Implant System \_\_\_\_\_

Implant Abutment	
<input type="checkbox"/> Titanium Abutment	<input type="checkbox"/> Gold Hue Abutment
<input type="checkbox"/> Custom Zirconia Abutment	<input type="checkbox"/> Prep Stock Abutment
Abutment Emergence Profile	Abutment Margin Depth
<input type="checkbox"/> Surgical Placement <input type="checkbox"/> Tissue Displacement <input type="checkbox"/> No Tissue Displacement	-Below Tissue +Above Tissue 

- OK to trim opposing
- OK to trim prep
- Phone me on this case

Dentists Signature \_\_\_\_\_  
 License No. \_\_\_\_\_ State \_\_\_\_\_