Crown and Bridge

Shanto Dental Ceramics Ltd.

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In office use only:

M:_____ Mt:_____Wt:_____	C:_____ In:_____Cer:_____

DATE:_____ DR'S PHONE:(_____)_____

DR._____

PATIENT NAME:_____

☐ MALE ☐ FEMALE

RETURN DATE:_____ RETURN TIME: _____AM/PM

Rx:_____

_____

_____

_____

_____

_____

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_____

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_____

TOOTH SHADE(S):_____STUMP SHADE: _____

☐ **Custom Shade - In Lab (**please call**)**

DOCTOR'S SIGNATURE:_____

Please indicate case requirements below:

Centric Contact:	☐ Positive	☐ Shim Relief	☐ Double Relief
Pontic Design:	☐ Hygenic	☐ Ridge Lap	☐ Ovate ___mm
Lat. Excursion:	☐ Cuspid Guidance	☐ Group Function	☐ Cross Bite
Occlusion:	☐ Ceramic	☐ Metal In Centric	☐ All Metal
Margin:	☐ Ceramic Butt	☐ Combination	☐ Fine Metal
PFM Metal:	☐ High Au (70-90%)	☐ Mid Au (40-60%)	☐ Au (1-3%)
	☐ CrCo (Non-Prec)	☐ Other _____	

Core Supported All-Ceramics:

Zirconia:	☐ FZ (Strong)	☐ HTFZ (Translucent)	☐ PFZ (Layered)
Lithium DiSilicate	☐ e-Max	☐ Other _____	